

EXHIBIT 602.7

PLAINTIFFS' EXHIBITS 010298

Sheriff-Coroner
Santa Cruz County
State of California



DEATH INVESTIGATION
REPORT
Case Number: 08-02797

NAME: MCCORNACK, Daniel Elwin
 RESIDENCE: 6255 Peachy Canyon Paso Robles CA
 93446
 NEXT OF KIN: Kathy McCornack (Wife)
 ADDRESS: 6255 Peachy Canyon Paso Robles CA
 93446
 NOTIFIED BY: Naomi Silva
 IDENTIFIED BY: In Person
 LOCATION OF DEATH: Private Camp Ground
 MANNER OF DEATH: Natural
 CAUSE OF DEATH: Cardiac Arrest
 DUE TO: Ventricular Arrhythmia
 DUE TO: Atrial Fibrillation
 DUE TO: Hypertensive and Arteriosclerotic
 Cardiovascular Disease
 OTHER SIGNIFICANT CONDITIONS: Exogenous Obesity

DATE OF BIRTH: 2/15/1963
 AGE: 45 Years
 BIRTH PLACE: CA
 GENDER: Male
 RACE: Caucasian
 MARITAL STATUS: Married
 OCCUPATION: Plant Manager
 DEATH DATE: 03/23/2008
 DEATH TIME: 00:52:00
 AUTOPSY: Yes
 INVESTIGATOR: Naomi Silva
 FUNERAL HOME: Kuehl-Nicolay
 Funeral and
 Cremation
 PROPERTY: None

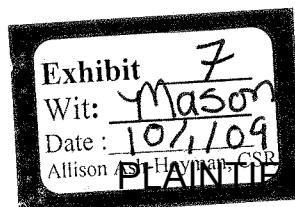
SUMMARY OF INVESTIGATION

On Sunday, March 23, 2008 at approximately 0114 hours, I was notified by Net-Com of a death at 4770 Hwy 9, Felton. I was advised by dispatch that Deputy Ryan was on scene and was requesting my response. Prior to arrival I contacted Deputy Ryan by telephone and he briefed me of the circumstances.

Deputy Ryan advised that decedent, Daniel McCornack, is a 45 year old male who resides in Paso Robles. He was on Easter holiday with his immediate and extended family at Smith Woods RV Park in Felton. According to Kathy McCornack, the decedent's wife, they went to bed at approximately 2200 hours. At approximately 0030 hours she attempted to wake her husband up because she thought he was snoring. When she turned the lights on she noticed his face was discolored. She called "911", and emergency crews responded. They attempted heroics, but were unsuccessful, and pronounced him dead at 0052 hours.

Upon arrival I contacted Dep. Ryan who escorted me to the Recreational Vehicle (RV) where Kathy McCornack was waiting, he then pointed out the RV where the decedent was. I introduced myself to Kathy McCornack who was visibly upset. She was sitting with her two teen age sons and her father in law. I introduced myself, offered my condolences, and asked her to describe what had happened.

Kathy McCornack said they had driven out to Smith Woods RV Park, from their home in Paso Robles. She explained that her family, along with their extended family, spends their Easter holidays together.



Signature: Naomi 10/10/09

Naomi Silva, Deputy Coroner

10/10/09

**Sheriff-Coroner
Santa Cruz County
State of California**



**DEATH INVESTIGATION
REPORT**
Case Number: 08-02797

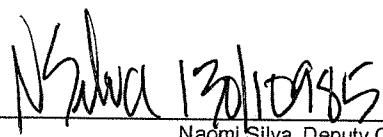
They arrived mid-day and set up camp, had dinner and settled around the camp fire. Kathy said her husband, Daniel, had a full day but never complained of being in any discomfort or pain. She informed me that he has had an irregular heart beat for many years, and was on heart medication. She did not have the prescription bottles with her, but provided me with his weekly pill/vitamin organizer.

At approximately 2200 hours Kathy McCornack and her husband went to bed. Kathy said that they were woken at 0030 hours by their two teen-age sons. They had entered their RV from the family camp fire. Kathy said that at approximately 0030 hours she heard her husband making a strange noise in bed. She shook him and told him he was snoring. The noise continued so she turned the light on and noticed his face was discolored. She woke her sons and called "911". She said that she attempted Cardio Pulmonary Resuscitation (CPR), but described only compression to his chest.

I left Kathy McCornack with her family and went to investigate the decedent in a nearby RV. I observed the decedent lying in a supine position on the floor of the large RV. The decedent had been moved from the bedroom to the common area of the RV. The decedent had two defibrillator electrodes attached to the skin of his chest, and an intravenous line in place on the top of his left hand. The decedent was clad in men's briefs. Postmortem rigor mortis was beginning to set in the decedent's jaw and extremities. There was no evidence of struggle or foul play. I did not observe any trauma to the external portion of the decedent's body.

I transported the decedent to the Sheriff-Coroner's Medical Facility where he was placed on a tray and fitted with an identification bracelet and tray tag. I was able to obtain limited medical records for the decedent, which I provided to Dr. Richard T. Mason for his review. All of the decedent's medications were collected and counted. It is unknown if his prescribed medication was being taken as prescribed since they were not in their respective containers.

Dr. Richard T. Mason, a Forensic Pathologist, performed an autopsy on 03/26/2008 at approximately 0730 hours. Dr. Mason determined the cause of death to a cardiac arrest due to ventricular arrhythmia due to, atrial fibrillation, due to hypertensive and arteriosclerotic cardiovascular disease, with contributory causes of exogenous obesity. During the examination, Dr. Mason collected post mortem cardiac blood, urine and liver tissue specimens for toxicological testing at the National Medical Services Laboratory. Dave Cutter, Forensic Technician, sent the listed items to the National Medical Services Laboratory on March 27, 2008 via Federal Express. On April 21, 2008 this Office received the Toxicology Reports regarding decedent Daniel McCornack. On May 2nd, 2008, Dr. Richard Mason requested an additional test be run for the drug Digoxin. The blood sample for this test was already in the possession of the National Medical services Laboratory. This Office received the results for the subsequent test on June 27, 2008. Refer to the attached Toxicology Reports for detailed test results.

Signature: 

Naomi Silva, Deputy Coroner

Sheriff-Coroner
Santa Cruz County
State of California



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CONCLUSION:

Based on my investigation and information obtained from the autopsy examination, it is the opinion of this Office that Daniel McCornack succumbed to natural causes.

Signature: Naomi Silva (301) 429-5

Naomi Silva, Deputy Coroner

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7.5.11/08/11

PLAINTIFFS' EXHIBITS 010301

SANTA CRUZ COUNTY SHERIFF-CORONER'S OFFICE

701 Ocean Street

Santa Cruz, California

* REPORT OF AUTOPSY EXAMINATION *

AUTOPSY NUMBER: CA08-037

FILE NUMBER: 08-02790

NAME: Daniel Mc Cornack

AGE: 45 **SEX:** Male

PLACE OF DEATH: Smithwood R.V. Park, 4770 Hwy 9, Felton

DATE/HOUR OF DEATH: March 23, 2008 @ 0052 Hours

AUTOPSY PERFORMED: Santa Cruz County Morgue

DATE/HOUR OF AUTOPSY: March 26, 2008 @ 7:30 a.m.

PATHOLOGIST: Richard T. Mason, M.D.

BODY IDENTIFIED BY: Ankle tag.

ATTENDING PHYSICIAN: None.

CAUSE OF DEATH:

CARDIAC ARREST

Due to: Ventricular arrhythmia

Due to: Atrial fibrillation

Due to: Hypertensive and
arteriosclerotic
cardiovascular disease.

CONTRIBUTORY: Exogenous obesity.

MANNER: Natural.

DIAGNOSES:

1. Hypertensive and arteriosclerotic cardiovascular disease with:

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CA08-037

DIAGNOSES, continued

- A. Cardiomegaly and left ventricular hypertrophy.
- B. Coronary arteriosclerosis, mild to moderate.
- C. Myocardial fibrosis, mild.
- D. Atrial fibrillation by history.
- E. Probable ventricular arrhythmia and arrest.

2. Cerebral edema and congestion.

3. Pulmonary edema and congestion.

4. Exogenous obesity, moderate.



RICHARD T. MASON, M.D.
Forensic Pathologist

RTM/dp

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EXTERNAL EXAMINATION

The body examined is that of a well-developed, mildly obese, middle-aged white male that appears the stated age of 45 years. The body is 70 inches in length and weighs 220 pounds. The scalp hair is medium brown with gray and is cut short measuring 1/4 inch. The eyes are blue gray with the pupils equal in diameter, measuring 6 mm. There is an adhesive nostril dilating device attached over the midportion of the nostrils. There is a short 3/4 inch grayish brown mustache. Natural teeth in good condition are present in the mouth. There is a 1-2 mm growth of beard present on the lower face. There is prominent pinkish cyanosis of the anterior face and neck.

Examination of the anterior chest reveals 4 x 6 inch adhesive defibrillator electrodes present over the left lower lateral chest and the right upper anterior chest. Adhesive EKG electrodes are present over the right and left upper anterior chest and the right and left lower abdomen. The axillae are normal.

Examination of the anterior abdomen reveals it to be mildly obese. There is a slight umbilical hernia. There are no other marks or wounds are noted on the anterior abdomen. Normal male external genitalia are present. The penis is circumcised.

Examination of the lower limbs reveals normal, symmetric, muscular right and left thighs and right and left lower legs. There is a coroner's identification band present on the right ankle bearing the name: McCornack, Daniel; #08-2790. The right and left feet are normal.

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Examination of the upper limbs reveals normal, symmetric, muscular right and left upper arms and right and left forearms.

The antecubital spaces are clean with no marks or wounds. The right and left forearms are unremarkable. An intravenous line is in position through a needle puncture wound on the dorsum of the left hand. This line is attached to a 1-liter bag of normal saline.

Examination of the hands reveals them to be normal with short intact fingernails.

INTERNAL EXAMINATION

HEAD:

Reflection of the scalp reveals an absence of any contusions on the galeal surface. The calvarium is intact. Reflection of the calvarium reveals prominent cerebral edema. The gyri are flattened. The meninges are clear but congested. The brain weighs 1,640 grams. The brain has a normal external morphology except for the edema. The cerebral arteries are normal in distribution and appearance.

Multiple coronal sections through both cerebral hemispheres reveal normal cortex, normal white matter and normal basal ganglia. Sections through the brainstem and cerebellum reveal these structures to be normal.

The dura is stripped from the base of the skull to reveal an intact skull base.

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NECK:

The hyoid bone, larynx, trachea, soft tissues, cervical spine are intact. The airway is fully patent.

BODY CAVITIES:

The pericardial cavity contains 25 mL of clear yellow fluid. There is no excess fluid in the pleural or peritoneal cavities.

CARDIOVASCULAR SYSTEM:

Heart weight 500 grams. There is cardiomegaly and left ventricular hypertrophy. The epicardial surfaces are smooth and glistening. The heart valves are normal. The atria are normal in size. The endocardial surfaces of the atria and ventricles are normal in appearance. Dissection of the coronary arteries reveals abundant, scattered, flattened atherosclerotic plaque in the right coronary artery, which is of greatest circumference compared to the LAD and the circumflex coronary arteries. There is flattened atherosclerotic plaque in a small left anterior descending coronary artery. There is a minimal amount of atherosclerotic plaque in the left circumflex coronary artery. Multiple cross sections through both ventricles of the heart reveal some mild diffusely distributed myocardial fibrosis. There is cardiomegaly and left ventricular hypertrophy with the left ventricle measuring 16 mm in thickness and the right ventricle measuring 4 mm in thickness. There are no foci or evidence of old or recent myocardial infarction.

Examination of the aorta reveals it to be smooth with minimal focal atherosclerosis. The superior and inferior vena cavae are intact and normal with no thromboemboli.

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RESPIRATORY TRACT:

Lungs, weight right 830 grams, left 840 grams. There is severe bilateral pulmonary edema and congestion. Bloodstained watery fluid runs from the cut surfaces of all lobes of both lungs. There are no foci of consolidation. The major bronchi contain a small amount of bloodstained edema fluid. The pulmonary arteries are widely patent with no thromboemboli.

LIVER:

Weight 2,550 grams. The smooth, light, reddish tan capsular surface is intact. The liver is enlarged and there is fatty metamorphosis. The parenchyma is light pinkish tan and fractures easily on digital pressure. There is no increase in fibrous tissues to palpation. The intra and extrahepatic blood vessels and bile ducts are grossly normal. The gallbladder is thin-walled and contains 1 mL of light brown transparent bile.

SPLEEN:

Weight 470 grams. This organ is enlarged and congested. The dark gray brown capsular surface is intact with no evidence of trauma. The parenchyma is dark red brown firm.

PANCREAS:

Weight 210 grams. Normal, pale tan, lobular, autolyzed parenchyma is noted on cut section.

ENDOCRINE SYSTEM:

The pituitary, adrenal and thyroid glands are grossly normal.

GENITOURINARY TRACT:

Kidneys, weight right 230 grams, left 220 grams. The cortical surfaces of both kidneys are smooth, dark red,

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CA08-037

congested. Normal corticomedullary markings are noted on sagittal section. The calyces, pelvis, ureters are normal. The urinary bladder contains 200 mL of clear yellow urine. The prostate and seminal vesicles are normal. The testes are normal to palpation. A normal circumcised penis is present.

GASTROINTESTINAL TRACT:

The esophageal mucosa is autolyzed. The gastric mucosa is autolyzed. The stomach contains 1130 grams of viscous, masticated, pale tan food material containing fragments of vegetable material and meat. The small and large bowel are grossly normal. The vermiform appendix is present and normal.

MUSCULOSKELETAL SYSTEM:

The musculoskeletal system normal. There is exogenous obesity and the abdominal panus is 4.5 cm in thickness.

URINE DRUG SCREEN:

Medtox Immunochromatographic plate

THC:	Negative.
Opiates:	Negative.
Amphetamines:	Negative.
Cocaine:	Negative.
PCP:	Negative.



NMS Labs
 3701 Welsh Road, PO Box 433A, Willow Grove, PA 19090-0437
 Phone: (215) 657-4900 Fax: (215) 657-2972
 e-mail: nms@nmslabs.com
 Robert A. Middleberg, PhD, DABFT, DABCC, Laboratory Director

CONFIDENTIAL

June 24, 2008

TO: 60C
 Santa Cruz County Coroner
 Attn: Alan Burt
 701 Ocean Street, #340
 Santa Cruz, CA 95060

SUPPLEMENTAL TOXICOLOGY REPORT OF: **McCORNACK, Daniel E.** **45/M**
 NMS Workorder No: 08095896
 NMS Control No: 10843208
 Client ID No: 08-02797

SPECIMENS: One gray top tube containing ~ 10 mL of peripheral blood, one clear vial containing ~ 14 mL of peripheral blood and two white plastic containers (one containing ~ 30 mL of urine and one containing ~ 32 g of liver) were received on 03/28/08.

EXAMINATION: Analysis Requested - Panel 8092B - Autopsy Toxicology Therapeutic and Abused Drug Screen
 Test No. 1615B -- Digoxin

FINDINGS:

Blood

ETHYL ALCOHOL (by Enzymatic Assay & Headspace GC)	48 mg/dL (BAC=0.048 % w/v)
DILTIAZEM (by GC & GC/MS)	630 nanog/mL
DIGOXIN (by LC-MS/MS)	3.6 nanog/mL
QUINIDINE/QUININE* (by GC/MS)	Trace
ATROPINE (by GC/MS)	Positive

*Quinine and quinidine can be differentiated analytically, but this is a separate analysis. If further delineation is necessary, please contact the laboratory.

Incidental findings by GC/MS: CAFFEINE and THEOBROMINE.

Other than the above findings, examination of the specimens submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

6.27.08

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NMS Workorder No: 08095896
 NMS Control No: 10843208
 Client ID No: 08-02790
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COMMENTS:

1. Ethyl alcohol is a CNS-depressant and has effects so-related, e.g., impaired judgment, alertness and coordination.

If the determined blood alcohol concentration (BAC) is representative of the circulating BAC at the time of the fatal incident, then it represents as absorbed body burden of approximately 2 "drinks" of an alcoholic beverage in an adult of average size weighing approximately 155 lbs.

Note: a "drink" =	1 oz. of distilled spirits
	4 oz. of wine
	12 oz. of beer

Each of the drinks listed above contains about the same amount of ethyl alcohol.

2. Diltiazem (Cardizem®) is a calcium channel blocking coronary vasodilator indicated for the treatment of variant, exertional and unstable angina. It is also used in arrhythmic and/or hypertensive therapy. Desacetyldiltiazem is an active metabolite of diltiazem. Divided doses up to 180-360 mg daily may be prescribed for angina.

Therapeutic blood levels of diltiazem appear to be in the range of 50 to 200 nanog/mL. Numerous cases of diltiazem overdose have been reported. The majority of individuals who receive prompt treatment survive diltiazem overdose; however, death has been reported, especially in conjunction with other substances. Diltiazem has been found mixed with cocaine, either as a cutting agent or in an attempt to reduce cocaine-induced increased blood pressure. In a separate, small series of diltiazem related fatalities, the postmortem blood concentrations range from 6700 to 33,000 nanog/mL (mean 16,000 nanog/mL). In addition, diltiazem is reported to undergo postmortem redistribution with an average heart blood/femoral blood ratio of 2.6.

3. Digoxin (Lanoxin®) is a cardiac glycoside used in the treatment of congestive heart failure and other contractility-related deficiencies. There is considerable individualization of the dose of this medication and what is therapeutic in one individual may be toxic in another.

Individuals are generally titrated to find an appropriate dosage, especially since digoxin has a low therapeutic index.

4. Quinine and quinidine are stereoisomers derived from the bark of the cinchona tree. Quinine has been used in the past as an antimalarial, but is more commonly used today to treat muscle cramps. It is also used as a flavoring agent in tonic waters and as a cutting agent adulterant in illicit street drug dosages of heroin. Adverse effects include gastrointestinal disturbances, tinnitus, dizziness, arrhythmias and hypotension.

Quinidine is frequently used as an antiarrhythmic agent. It is available for acute administration by intramuscular or intravenous injection of 200 to 750 mcg or for maintenance therapy in oral doses of 600 to 4,000 mg daily. . Toxicity is manifested by gastrointestinal disturbances, giddiness, tinnitus, diplopia and hypotension.

5. Atropine is an anticholinergic alkaloid used in pre-anesthetic therapy to control airway secretions and as an antispasmodic to control gastrointestinal spasms. It is frequently used as an antidote in the treatment of anticholinesterase-type pesticides. It can be obtained naturally from deadly nightshade or jimson weed. Atropine is also used in resuscitative attempts.

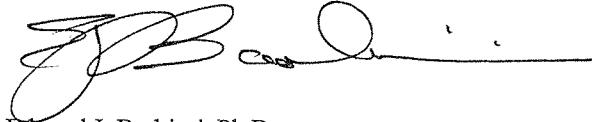
Toxic effects of atropine have considerable individual variation; however, at high doses, signs and symptoms include mydriasis, hot dry reddened skin, deliriums and hallucinations.

In resuscitative failure, most of the administered drug remains confined to the intravascular injection pathway.

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NMS Workorder No: 08095896
NMS Control No: 10843208
Client ID No: 08-02790
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Respectfully,



Edward J. Barbieri, Ph.D.
Forensic Toxicologist

EJB/lb

This analysis was performed under chain of custody. The chain of custody documentation is on file at NMS Labs.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded six (6) weeks from the date of this report; and generated data will be discarded five (5) years from the date of this report.

**** * ANALYSIS SUMMARY * ****

8092B - Therapeutic and Abused Drug Screen

Test No. 8092B – Drug Screen by Enzyme-Linked Immunosorbent Assay (ELISA) on Blood for: Amphetamine, Barbiturates, Benzodiazepines, Cannabinoids (Marijuana), Cocaine/Metabolites, Methamphetamine, Opiates and Phencyclidine (PCP); Headspace Gas Chromatography for Ethanol, Methanol, Acetone and Isopropyl Alcohol.

Test No. 8092B - Drug Screen II- Gas Chromatography and Gas Chromatography/Mass Spectrometry Analysis on Blood:

The following is a general list of compound classes included in the Gas Chromatographic screen. Other specific compounds outside these classes are also included. Please note that not all known compounds included in each specified class or heading are included. The detection of any particular compound is concentration-dependent. For a detailed list of all compounds included in this screen, please contact NMS Labs.

Analgesics (opioid and non-opioid), Anesthetics, Antiasthmatic Agents, Anticholinergic Agents, Anticonvulsant Agents, Antidepressants, Antiemetic Agents, Antihistamines, Antiparkinsonian Agents, Antipsychotic Agents, Antitussive Agents, Anxiolytics (Benzodiazepine and others), Cardiovascular Agents (non-digitalis), Hallucinogens, Hypnosedatives (Barbiturate and others), Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents (excluding Salicylate) and Stimulants (Amphetamine-like and others).

Test No. 8092B - Colorimetric Analysis on Blood for: Salicylates and Acetaminophen.

Test No. 5010B - Alcohol Confirmation - Enzymatic Assay on Blood for: Ethanol (Ethyl alcohol).

Test No. 1640B - Diltiazem - Gas Chromatography on Blood for: Diltiazem.

Test No. 1615B – Digoxin – Liquid Chromatography - Tandem Mass Spectrometry on Blood for: Digoxin.

***** END OF REPORT *****

CERTIFICATE OF DEATH

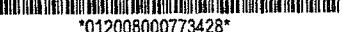
STATE OF CALIFORNIA

USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS

3200844000402

STATE FILE NUMBER

LOCAL REGISTRATION NUMBER

DECEDENT'S PERSONAL DATA	1. NAME OF DECEDENT — FIRST (Given)		2. MIDDLE		3. LAST (Family)											
	DANIEL		ELWIN		MCCORNACK											
	AKA: ALSO KNOWN AS — Include full AKA (FIRST, MIDDLE, LAST)				4. DATE OF BIRTH mm/dd/cccc		5. AGE Yrs.		IF UNDER ONE YEAR		IF UNDER 24 HOURS		6. SEX			
	---				02/15/1963		45		Months		Days		Hours		M	
	9. BIRTH STATE/FOREIGN COUNTRY		10. SOCIAL SECURITY NUMBER		11. EVER IN U.S. ARMED FORCES?		12. MARITAL STATUS (at Time of Death)		7. DATE OF DEATH mm/dd/cccc		8. HOUR (24 Hours)					
	CA		555-51-7837		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		MARRIED		03/23/2008		0052					
	13. EDUCATION — Highest Level/Degree HS GRADUATE		14/15. WAS DECEDENT HISPANIC/LATINO (YES/SPANISH?) <input type="checkbox"/> YES		16. DECEDENT'S RACE — Up to 3 races may be listed (see worksheet on back) <input checked="" type="checkbox"/> NO		CAUCASIAN									
	17. USUAL OCCUPATION — Type of work for most of life. DO NOT USE RETIRED PLANT MANAGER				18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CHEMICAL MANUFACTURE						19. YEARS IN OCCUPATION 25					
	20. DECEDENT'S RESIDENCE (Street and number or location) 6255 PEACHY CANYON RD.															
	21. CITY		22. COUNTY/PROVINCE			23. ZIP CODE		24. YEARS IN COUNTY		25. STATE/FOREIGN COUNTRY						
PASO ROBLES		SAN LUIS OBISPO			93446		45		CA							
INFORMANT	26. INFORMANT'S NAME, RELATIONSHIP KATHY MCCORNACK, WIFE				27. INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state, ZIP) 6255 PEACHY CANYON RD., PASO ROBLES, CA 93446											
	28. NAME OF SURVIVING SPOUSE — FIRST KATHY				29. MIDDLE MARIE				30. LAST (Maiden Name) ESPARZA							
	31. NAME OF FATHER — FIRST RALPH				32. MIDDLE MICHAEL				33. LAST MCCORNACK							
SPOUSE AND PARENT INFORMATION	35. NAME OF MOTHER — FIRST LINDA				36. MIDDLE EILEEN				37. LAST (Maiden) HIRSCHLER							
	38. DISPOSITION DATE mm/dd/cccc		40. PLACE OF FINAL DISPOSITION PASO ROBLES DISTRICT CEMETERY 03/28/2008 45 NACIMIENTO LAKE DR., PASO ROBLES, CA 93446								43. LICENSE NUMBER -					
	41. TYPE OF DISPOSITION(S) BU		42. SIGNATURE OF EMBALMER ► NOT EMBALMED								43. LICENSE NUMBER -					
FUNERAL DIRECTOR/LOCAL REGISTRAR	44. NAME OF FUNERAL ESTABLISHMENT KUEHL-NICOLAY FUNERALS AND CREM				45. LICENSE NUMBER		46. SIGNATURE OF LOCAL REGISTRAR POKI NAMKUNG, M.D. 						47. DATE mm/dd/cccc 03/27/2008			
	101. PLACE OF DEATH CAMP SITE				102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other				103. IF OTHER THAN HOSPITAL, SPECIFY ONE							
	104. COUNTY		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) SANTA CRUZ 4770 SITE 1 HIGHWAY 9								106. CITY FELTON					
PLACE OF DEATH/CAUSE OF DEATH	107. CAUSE OF DEATH Enter the chain of events — diseases, injuries, or complications — that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) CARDIAC ARREST Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) VENTRICULAR ARRHYTHMIA (C) ATRIAL FIBRILLATION (D) HYPERTENSIVE AND ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE								108. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) MINS 08-02790		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER					
									109. BIOPSY PERFORMED? (BT) MINS		110. AUTOPSY PERFORMED? (CT) YEARS					
									111. USED IN DETERMINING CAUSE? (DT) YEARS		112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 EXOGENOUS OBESITY					
									113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date.) NO		113A. IF FEMALE, PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
	114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since _____ Decedent Last Seen Alive _____								115. SIGNATURE AND TITLE OF CERTIFIER ►				116. LICENSE NUMBER		117. DATE mm/dd/cccc	
PHYSICIAN'S CERTIFICATION	(A) mm/dd/cccc		(B) mm/dd/cccc		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE											
	119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined								120. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/cccc		122. HOUR (24 Hours)			
	123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)															
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)																
125. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)																
126. SIGNATURE OF CORONER / DEPUTY CORONER ► NAOMI SILVA								127. DATE mm/dd/cccc 03/27/2008		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER NAOMI SILVA, DEPUTY CORONER						
STATE REGISTRAR	A	B	C	D	E	 *012008000773428*								FAX AUTH. #	CENSUS TRACT	

NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS
USE BLACK INK ONLY

STATE FILE NUMBER

1.1

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

PART I INFORMATION TO LOCATE RECORD

NAME AS IT APPEARS ON RECORD	1. NAME—FIRST (GIVEN) DANIEL	2. MIDDLE ELWIN	3. LAST (FAMILY) MCCORNACK	4. SEX M
ADDITIONAL INFORMATION TO LOCATE RECORD	5. DATE OF EVENT—MM/DD/CCYY 03/23/2008	6. CITY OF OCCURRENCE FELTON	7. COUNTY OF OCCURRENCE SANTA CRUZ	

PART II STATEMENT OF CORRECTIONS

8. CERTIFICATE ITEM NUMBER 108A	9. INFORMATION AS IT APPEARS ON ORIGINAL RECORD 08-02790	10. INFORMATION AS IT SHOULD APPEAR 08-02797
<p>LIST ONE ITEM PER LINE</p> 		

I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

DECLARATION OF CERTIFYING PHYSICIAN OR CORONER

11. SIGNATURE OF CERTIFYING PHYSICIAN OR CORONER ►	12. DATE SIGNED—MM/DD/CCYY	13. TYPED OR PRINTED NAME AND TITLE/DEGREE OF CERTIFIER	
14. ADDRESS—STREET AND NUMBER	15. CITY	16. STATE	17. ZIP CODE

STATE/LOCAL REGISTRAR USE ONLY

18. OFFICE OF VITAL RECORDS OR SIGNATURE OF LOCAL REGISTRAR ►	19. DATE ACCEPTED FOR REGISTRATION—MM/DD/YY
--	---

FedEx
Tracking
Number

8646 5306 9690

0215

Stander's Copy

1 From Please print and press hard.Date _____ Sender's FedEx
Account Number _____Sender's Name DR. RICHARD MASON 831 Ocean 154-2520Company SANTA CRUZ COUNTY CORONERAddress 701 OCEAN STREET #340 Dept/Floor/Suite/Room _____City SANTA CRUZ State CA ZIP 95060

2 Your Internal Billing Reference

First 24 characters will appear on invoice.

3 To

Recipient's Name _____

Phone (215) 657-4900Company NMS LABSRecipient's Address 3701 WELSH RD

We cannot deliver to P.O. boxes or P.O. ZIP codes.

Dept/Floor/Suite/Room _____

Address _____

To request a package be held at a specific FedEx location, print FedEx address here.

City WILLOW GROVEState PA ZIP 19090-2910

0375759873

Ship and track packages at **fedex.com**

Simplify your shipping. Manage your account. Access all the tools you need.

4a Express Package Service

FedEx Priority Overnight
Next business morning. Friday
Shipments will be delivered on Monday
unless SATURDAY Delivery is selected.

FedEx Standard Overnight
Next business afternoon.*
Saturday Delivery NOT available.

FedEx 2Day
Second business day.* Thursday
Shipments will be delivered on Monday
unless SATURDAY Delivery is selected.
FedEx Envelope rate not available. Minimum charge: One-pound rate.

FedEx Express Saver
Third business day.
Saturday Delivery NOT available.

Packages up to 150 lbs.
 FedEx First Overnight
Earliest next business morning
delivery to select locations.
Saturday Delivery NOT available.

* To most locations.

4b Express Freight Service

FedEx 1Day Freight*
Next business day.** Friday
Shipments will be delivered on Monday
unless SATURDAY Delivery is selected.

FedEx 2Day Freight
Second business day.** Thursday
Shipments will be delivered on Monday
unless SATURDAY Delivery is selected.

Packages over 150 lbs.
 FedEx 3Day Freight
Third business day.**
Saturday Delivery NOT available.

** To most locations.

* Call for Confirmation:

FedEx Envelope* FedEx Pak*
Includes FedEx Small Pak,
FedEx Large Pak, and FedEx Study Pak.

FedEx Box FedEx Tube
 FedEx Other

* Declared value limit \$500.

5 Packaging

HOLD Weekday
at FedEx Location
NOT Available for
FedEx Standard Overnight,
FedEx First Overnight, FedEx Express
Saver, or FedEx 3Day Freight.

HOLD Saturday
at FedEx Location
Available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

Does this shipment contain dangerous goods?
One box must be checked.

No Yes
As per attached
Shipper's Declaration. Yes
Shipper's Declaration
not required.

Dry Ice
Dry Ice, 9, UN 1945 x _____ kg
 Cargo Aircraft Only

6 Special Handling

SATURDAY Delivery
NOT Available for
FedEx Standard Overnight,
FedEx First Overnight, FedEx Express
Saver, or FedEx 3Day Freight.

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging.

7 Payment *Bill to:* Enter FedEx Acct. No. or Credit Card No. below.FedEx Acct. No. 0191-5838-1

Exp. Date _____

Sender Recipient Third Party Credit Card Cash/Check

Credit Card No. _____

Acct. No. in Section
I will be billed.

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3701 Welsh Road
Willow Grove, Pennsylvania 19090-0437
(215) 657-4900 FAX: (215) 657-2972
800-522-6671

Biomonitoring for Environmental/Occupational Exposures • Criminalistics
Forensic Toxicology • Therapeutic Drug Monitoring

MEDICAL EXAMINER/CORONER REQUISITION

PRINT PATIENT I.D. INFORMATION OR AFFIX I.D. LABEL BELOW

case No. 08-02790
case Name McCORMACK DANIEL E
(Last) (First) (M.I.)

Chamberlain

10843208

Account No.

60C

Account Name/Address

SANTA CRUZ COUNTY CORONER
701 OCEAN STREET, #340
SANTA CRUZ, CA 95060

<input type="checkbox"/> RETURN SPECIMEN	AGE <u>45</u>	SEX <input type="checkbox"/> M <input type="checkbox"/> F	RACE <u>CAUC</u>	HEIGHT <u>70"</u>	WEIGHT <u>220 lbs</u>
SPECIMEN COLLECTION					
<input type="checkbox"/> Antemortem	Collection <u>R. J. Hansen MD</u>	1	1	am	pm
<input checked="" type="checkbox"/> Postmortem	Performed By <u>R. J. Hansen MD</u>	3	12	6	7:30
		Date	Time	pm	

SPECIMEN CONDITION			
<input type="checkbox"/> Embalmed	<input type="checkbox"/> Decomposed	<input type="checkbox"/> Exhumed	<input type="checkbox"/> Other
<input type="checkbox"/> OK to Micro\Consume			

SPECIMEN(S) SUBMITTED					
<input type="checkbox"/> Blood (cardiac)	<input checked="" type="checkbox"/> Urine	<input type="checkbox"/> Spleen	<input type="checkbox"/> Kidney		
<input checked="" type="checkbox"/> Blood (peripheral)	<input type="checkbox"/> Vitreous	<input checked="" type="checkbox"/> Liver	<input type="checkbox"/> Muscle	(site)	
<input type="checkbox"/> Serum	<input type="checkbox"/> Bile	<input type="checkbox"/> Brain	<input type="checkbox"/> Other		
<input type="checkbox"/> Plasma	<input type="checkbox"/> Gastric Contents				

HISTORY AND CIRCUMSTANCES		<input checked="" type="checkbox"/> Natural	<input type="checkbox"/> Accident
<u>Hypertension & Atherosclerotic</u>		<input type="checkbox"/> Homicide	<input type="checkbox"/> Undetermined
<u>Cardiovasc. Disease</u>		<input type="checkbox"/> Suicide	<input type="checkbox"/> Traffic Fatality
Cause of Death	Manner of Death:		

RIEF HISTORY (Include known medication(s)):
45 y W.M. moderately obese. with enlarged heart has several year hx. of atrial fibrillation. Probable Ventricular fibrillation & arrest. Urine drug negative

ATHOLOGY (abnormal findings):
Cerebral & Pulmonary edema

TESTS REQUESTED			
CALIFORNIA TRAFFIC FATALITY CASES			
<input type="checkbox"/> Common Drugs of Abuse (8091)	<input type="checkbox"/> Common Drugs of Abuse (8096, 7542)		
<input checked="" type="checkbox"/> Therapeutic & Abused Drugs (8092)	<input type="checkbox"/> Therapeutic & Abused Drugs (8097, 7542)		
<input type="checkbox"/> Alcohol Panel (0171B)	<input type="checkbox"/> Alcohol (7542)		
<input type="checkbox"/> Carbon Monoxide (1002)	<input type="checkbox"/> Other -		
<input type="checkbox"/> Vitreous Electrolytes (1916)			
<input type="checkbox"/> Environmental Exposure Screen (8103)			
<input type="checkbox"/> Fire Death Screen (8104)			
<input type="checkbox"/> SIDS Screen (4187)			

DATE <u>5/27/08</u>	RELINQUISHED BY <u>Dave Cutler</u>	RECEIVED BY	PURPOSE OF TRANSFER <u>ANALYSIS</u>

PLAINTIFFS' EXHIBITS 010315

FILE COPY



FILE
COPY



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Willow Grove, Pennsylvania 19090-0437
(215) 657-4900 FAX: (215) 657-2972
800-522-6671

Biomonitoring for Environmental/Occupational Exposures • Criminalistics
Forensic Toxicology • Therapeutic Drug Monitoring

MEDICAL EXAMINER/CORONER REQUISITION

PLEASE PRINT PATIENT I.D. INFORMATION OR AFFIX I.D. LABEL BELOW

Case No. 08-02790

Case Name McCORMACK DANIEL E
(Last) (First) (M.I.)

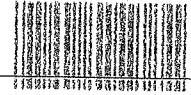
Case ID Number
10843208

Account No.

60C

Account Name/Address

SANTA CRUZ COUNTY CORONER
701 OCEAN STREET, #340
SANTA CRUZ, CA 95060



<input type="checkbox"/> RETURN SPECIMEN	AGE <u>45</u>	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	RACE <u>CAUC</u>	HEIGHT <u>70"</u>	WEIGHT <u>220LBS</u>
--	---------------	--	------------------	-------------------	----------------------

SPECIMEN COLLECTION

<input type="checkbox"/> Antemortem	Collection _____	<u>R. J. Hallow, MD</u>	1 / 1	am
<input checked="" type="checkbox"/> Postmortem	Performed By _____	3/26/08	7:300	pm
		Date	Time	

SPECIMEN CONDITION

Embalmed Decomposed Exhumed Other _____ OK to Micro\Consume

SPECIMEN(S) SUBMITTED

<input type="checkbox"/> Blood (cardiac)	<input checked="" type="checkbox"/> Urine	<input type="checkbox"/> Spleen	<input type="checkbox"/> Kidney
<input checked="" type="checkbox"/> Blood (peripheral)	<input type="checkbox"/> Vitreous	<input checked="" type="checkbox"/> Liver	<input type="checkbox"/> Muscle _____
<input type="checkbox"/> Serum	<input type="checkbox"/> Bile	<input type="checkbox"/> Brain	<input type="checkbox"/> Other _____ (site)
<input type="checkbox"/> Plasma	<input type="checkbox"/> Gastric Contents		

HISTORY AND CIRCUMSTANCES

Hypertensive & Atherosclerotic Disease
Cause of Death Cardiovascular Disease Manner of Death: Natural Accident
 Homicide Undetermined
 Suicide Traffic Fatality

BRIEF HISTORY (include known medication(s)):

45 y W.M. moderately obese, with enlarged heart has several year history of atrial fibrillation. Probable Ventricular fibrillation & arrest. Urine drug negative

PATHOLOGY (abnormal findings):

Cerebral & Pulmonary edema

TESTS REQUESTED

- Common Drugs of Abuse (8091)
- Therapeutic & Abused Drugs (8092)
- Alcohol Panel (0171B)
- Carbon Monoxide (1002)
- Vitreous Electrolytes (1916)
- Environmental Exposure Screen (8103)
- Fire Death Screen (8104)
- SIDS Screen (4187)

CALIFORNIA TRAFFIC FATALITY CASES

- Common Drugs of Abuse (8096, 7542)
- Therapeutic & Abused Drugs (8097, 7542)
- Alcohol (7542)
- Other - _____

**FILE
COPY**

**Keep This Copy
For Your Records**

IMPORTANT:
Have your Chain ID
Number available when
inquiring about
specimen status.

DATE	RELINQUISHED BY	RECEIVED BY	PURPOSE OF TRANSFER
3/27/08	Dave Cutler		ANALYSIS

701 Ocean Street, Room 340

SANTA CRUZ COUNTY
SHERIFF - CORONER

Santa Cruz, California 95060



CORONER TOXICOLOGY TRACKING

CASE NO.
08-02797

DATE 03/27/2008	DAY Thurs	OFFENSE Coroner Case	PLACE OF SEIZURE Santa Cruz County
VICTIM NAME: LAST, FIRST, MIDDLE McCornack, Daniel E.		DOB 02/15/1963	Sheriff-Coroner's
DECEASED			Medical Facility

ANTE MORTEM

BLOOD (1) URINE (2)
 COLLECTED FROM: BY:

POST MORTEM

<input type="checkbox"/> BLOOD-CARDIAC (3)	<input checked="" type="checkbox"/> BLOOD-PERIPHERAL (4)
<input type="checkbox"/> SERUM (5)	<input type="checkbox"/> PLASMA (6)
<input checked="" type="checkbox"/> URINE (7)	<input type="checkbox"/> VITREOUS (8)
<input type="checkbox"/> BILE (9)	<input type="checkbox"/> GASTRIC CONTENTS (10)
<input type="checkbox"/> SPLEEN (11)	<input checked="" type="checkbox"/> LIVER (12)
<input type="checkbox"/> BRAIN (13)	<input type="checkbox"/> KIDNEY (14)
<input type="checkbox"/> MUSCLE (15)	<input type="checkbox"/> OTHER (16)

SENT TO: NMS 7,4,12

BY: Dave Cutter (Forensic Tech)

SENT TO:

BY:

URINE DRUG SCREEN - MED TOX IMMUNOCHROMATOGRAPHIC PLATE

THC:	<input checked="" type="checkbox"/> NEG	<input type="checkbox"/> POS
OPIATES:	<input checked="" type="checkbox"/> NEG	<input type="checkbox"/> POS
AMPHETAMINES:	<input checked="" type="checkbox"/> NEG	<input type="checkbox"/> POS
COCAINE:	<input checked="" type="checkbox"/> NEG	<input type="checkbox"/> POS
PCP:	<input checked="" type="checkbox"/> NEG	<input type="checkbox"/> POS

Kuehl-Nicolay Funeral Home

FD68

ORDER FOR RELEASE

TO: SANTA CRUZ COUNTY CORONER'S OFFICE

DATE 03/24/2008

I certify that, pursuant to Section 7100, Health & Safety Code, State of California, as next of kin, it is my right to select any funeral director I desire to take charge of the body of DANIEL ELWIN MCCORNACK, deceased. Therefore, please release the body and the personal effects of the above mentioned deceased to the KUEHL-NICOLAY FUNERAL HOME. This is a voluntary action on my part and there has been no solicitation or effort made by any representative of the above named funeral home.

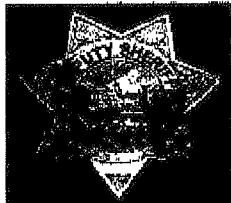
Signed Kathy McCormick Relationship WIFE
Address 6255 Peachy Canyon Rd. City Paso Robles
State California Telephone No. 238-5208

IF THE PERSON SIGNING ABOVE IS NOT THE NEXT OF KIN, PLEASE LIST THE NAME BELOW AND THE NEXT OF KIN'S REASON FOR NOT HANDLING IS AS FOLLOWS:

Name _____ Relationship _____
Address _____ City _____
State _____ Telephone No. _____
Reason for not handling _____

SANTA CRUZ COUNTY SHERIFF-CORONER
Steve Robbins, Sheriff-Coroner
701 Ocean St. Room 340
Santa Cruz, CA 95060

**SANTA CRUZ COUNTY
SHERIFF-CORONER**



Investigation Division

Facsimile Transmittal Form

To : Dr Von Dolan's Office, Medical Records	Voice Line: (805) 434-2262 Fax Line: (805) 782-8859
--	--

From:	Naomi Silva Deputy Coroner Investigations Division; Coroner's Section Voice Line: (831) 454-2520 Fax Line: (831) 454-3553
--------------	---

Number of Pages (Including Cover) 1

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Comments: We are investigating the death of Daniel McCormack, DOB of 02/15/1963. He passed away on 03/23/2008. We are requesting any medical records you have regarding the care and treatment she received. As always if there are a large amount of records, we are mainly after the physical history statements. Call me if there are lots of records, and someone from our office will come pick them up. Thank you. Naomi Silva

ADDED DIGOXIN TEST
ON 5/2/08
TEST CODE
1615B -
77CORJNAC

PER DOC MASON
AGE 25

FAX
215-366-1501
ATTN: FURTHER
DANIEL
10843208
McCormack, DANIEL
08-027997

ACTIVITY REPORT

TIME : 03/24/2008 10:54
 NAME :
 FAX : 8314543553
 TEL :
 SER. # : BROM2J875003

NO.	DATE	TIME	FAX NO. /NAME	DURATION	PAGE(S)	RESULT	COMMENT
#001	03/09	15:33	97554281	00	00	BUSY	TX
#004	03/09	15:41	97754281	27	01	OK	TX
#002	03/09	15:46	97754281	27	01	OK	TX
#003	03/09	15:57	7754281	00	00	BUSY	TX
#005	03/10	09:03	94250785	00	00	BUSY	TX
#006	03/10	09:04	94250185	01:04	00	NG	TX
#007	03/10	09:07	94250185	36	01	OK	TX
	03/10	09:15	8314250185	05:57	10	OK	TX
	03/10	10:02		01:04	04	OK	TX
	03/10	10:56		48	02	OK	TX
	03/10	12:28	8314232038	46	03	OK	TX
	03/11	06:20	7146476122	44	02	OK	TX
#008	03/11	08:51	916508523258	22	01	OK	TX
	03/11	08:52	831 724 4967	01:12	02	OK	TX
	03/11	09:19		02:05	08	OK	TX
	03/11	13:04	2098360427	28	01	OK	TX
	03/11	16:00	8317246074	40	01	OK	TX
	03/12	07:31	8317246074	41	01	OK	TX
#009	03/12	07:34	917146476122	01:06	03	OK	TX
	03/12	07:51		23	01	OK	TX
#010	03/12	08:51		30	01	OK	TX
	03/12	15:51	97638233	36	01	OK	TX
	03/13	11:10	4087931934	21	01	OK	TX
	03/13	12:09	8317246074	17	01	OK	TX
	03/13	14:17	8314268489	47	01	OK	TX
#011	03/13	14:57	831 425 1903	48	02	OK	TX
#012	03/14	08:28	912095674555	21	01	OK	TX
	03/14	09:43	916618680149	21	01	OK	TX
	03/14	09:51	831 425 1903	01:02	03	OK	TX
	03/14	10:28		09	00	NG	TX
	03/14	10:29	8317636069	39:13	99	OK	TX
	03/15	07:48	4089988631	34	01	OK	TX
#013	03/16	09:07	914089988631	23	01	OK	TX
	03/16	12:00	831 425 1903	52	02	OK	TX
	03/17	13:40	8314232038	49	03	OK	TX
	03/18	14:50	8314268489	47	01	OK	TX
	03/19	07:12	8314268489	42	01	OK	TX
	03/19	07:58	8317246074	30	01	OK	TX
	03/19	08:11	831 724 4967	52	01	OK	TX
	03/20	10:44	831 425 1903	35	01	OK	TX
	03/20	12:33	831 425 1903	31	01	OK	TX
	03/21	11:00	831 724 4967	54	01	OK	TX
#014	03/22	11:46	97283279	34	01	OK	TX
	03/22	12:56	7283279	06:22	19	OK	TX
	03/24	08:22		14:10	58	OK	TX
#015	03/24	09:29	94251903	21	01	OK	TX
#016	03/24	09:57	918054342019	23	01	OK	TX
#017	03/24	10:15	8054342019	03:04	11	OK	TX
	03/24	10:29	918057828859	22	01	OK	TX
	03/24	10:43		10:32	13	OK	TX

BUSY : BUSY/NO RESPONSE
 NG : POOR LINE CONDITION / OUT OF MEMORY
 CV : COVERPAGE
 POL : POLLING
 RET : RETRIEVAL

METH RELATED
NO

SHERIFF - CORONER

CASE NO.

08-2797

 WARRANT REQUESTEDFOLLOW UP
REQUIRED
YES NO

(V) If Arrest

 CRIMES AGAINST PROPERTY
 CRIMES AGAINST THE PERSONType of Report
INCIDENT REPORT

Trademarks of Suspect(s)

PAGE 1 OF 3

SECTION-SUBSECTION-CODE		CRIME	CLASSIFICATION	SECTION-SUBSECTION-CODE	CRIME	CLASSIFICATION	REPORT AREA										
Coroner Case - Reportable Death				2008 MAY 27 AM 8:17			3 - 2										
DATE & TIME OCCURRED - DAY			DATE & TIME REPORTED		LOCATION OF OCCURRENCE			CHECK IF MORE NAMES IN CONTINUATION <input type="checkbox"/>									
3/23/08 0014 hours Sunday			3/23/08 0014 hours		Swithwoods RV Park 4770 Hwy.9 Site I, Felton												
DE CODE	NAME--LAST,FIRST,MIDDLE (FIRM IF BUSINESS) McCornack, Daniel Elwin					RESIDENCE ADDRESS 6255 Peachy Canyon, Paso Robles, CA			RES. PHONE (805) 238-5208								
	OCCUPATION Manager of Chemical Co	Race W	SEX M	AGE 45	DOB 2/15/63	BUSINESS ADDRESS Unknown			BUS. PHONE Unknown								
RP 001 CODE	NAME--LAST,FIRST,MIDDLE (FIRM IF BUSINESS) McCornack, Kathy					RESIDENCE ADDRESS 6255 Peachy Canyon, Paso Robles, CA			RES. PHONE (805) 238-5208								
	OCCUPATION Unknown	Race W	SEX M	AGE Unk	DOB Unk	BUSINESS ADDRESS Unknown			BUS. PHONE Unknown								
CODE	NAME--LAST,FIRST,MIDDLE (FIRM IF BUSINESS)					RESIDENCE ADDRESS			RES. PHONE								
	OCCUPATION	Race	SEX	AGE	DOB	BUSINESS ADDRESS			EMAIL ADDRESS	BUS. PHONE							
CODE	NAME--LAST,FIRST,MIDDLE (FIRM IF BUSINESS)					RESIDENCE ADDRESS			RES. PHONE								
	OCCUPATION	Race	SEX	AGE	DOB	BUSINESS ADDRESS			EMAIL ADDRESS	BUS. PHONE							
VEHICLE CODE	VIN or LICENSE NO.	STATE	YEAR	MAKE	MODEL	COLOR	(OTHER IDENTIFYING CHARACTERISTICS)			TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>							
	REGISTERED OWNERS NAME					REGISTERED OWNERS RESIDENCE ADDRESS					VEH. HELD YES <input type="checkbox"/> NO <input type="checkbox"/>						
VEHICLE CODE	VIN or LICENSE NO.	STATE	YEAR	MAKE	MODEL	COLOR	(OTHER IDENTIFYING CHARACTERISTICS)			TOWED YES <input type="checkbox"/> NO <input type="checkbox"/>							
	REGISTERED OWNERS NAME					REGISTERED OWNERS RESIDENCE ADDRESS					VEH. HELD YES <input type="checkbox"/> NO <input type="checkbox"/>						
SUSPECT NO.	SUSPECT -NAME (LAST, FIRST, MIDDLE)					RACE	SEX M F	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES				
	ADDRESS					DRIVERS LICENSE NO.			ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		ADV OF RIGHTS YES <input type="checkbox"/> NO <input type="checkbox"/>		CITIZEN ARREST <input type="checkbox"/>				
OCCUPATION		BUSINESS ADDRESS					BUS. PHONE			RES. PHONE		CITATION NO.					
HAIR LENGTH/TYPE <input type="checkbox"/> UNK.		HAIR STYLE <input type="checkbox"/> UNK.		FACIAL HAIR <input type="checkbox"/> UNK.			WEAPON USED <input type="checkbox"/> UNK. <input type="checkbox"/> N/A										
A <input type="checkbox"/> Bald B <input type="checkbox"/> Butch C <input type="checkbox"/> Coarse D <input type="checkbox"/> Collar E <input type="checkbox"/> Fine F <input type="checkbox"/> Long G <input type="checkbox"/> Neck Length		H <input type="checkbox"/> Receding I <input type="checkbox"/> Shaved J <input type="checkbox"/> Short K <input type="checkbox"/> Shoulder L <input type="checkbox"/> Thick M <input type="checkbox"/> Thinning N <input type="checkbox"/> Wiry		A <input type="checkbox"/> Afro/Mat B <input type="checkbox"/> Braided C <input type="checkbox"/> Bushy D <input type="checkbox"/> Colored dyed E <input type="checkbox"/> Crew cut F <input type="checkbox"/> Greasy		G <input type="checkbox"/> Military H <input type="checkbox"/> Ponytail I <input type="checkbox"/> Processed J <input type="checkbox"/> Straight K <input type="checkbox"/> Wavy/Curly L <input type="checkbox"/> Wig		A <input type="checkbox"/> Clean Shaven B <input type="checkbox"/> Full Beard C <input type="checkbox"/> Fu Manchu D <input type="checkbox"/> Goatee E <input type="checkbox"/> Lower Lip		F <input type="checkbox"/> Mustache G <input type="checkbox"/> Scrappy Beard H <input type="checkbox"/> Sideburns I <input type="checkbox"/> Unshaven J <input type="checkbox"/> Van Dyke		A <input type="checkbox"/> Bomb B <input type="checkbox"/> Cutting Instrument C <input type="checkbox"/> Chemical D <input type="checkbox"/> Club E <input type="checkbox"/> Handgun F <input type="checkbox"/> Hands/Feet G <input type="checkbox"/> Ice pick			H <input type="checkbox"/> Knife I <input type="checkbox"/> Motor Vehicle J <input type="checkbox"/> Razor K <input type="checkbox"/> Rifle L <input type="checkbox"/> Shotgun M <input type="checkbox"/> Simulated N <input type="checkbox"/> Toy Gun O <input type="checkbox"/> Other		
SUSPECT NO.	SUSPECT -NAME (LAST, FIRST, MIDDLE)					RACE	SEX M F	AGE	DATE OF BIRTH	HEIGHT	WEIGHT	HAIR	EYES				
	ADDRESS					DRIVERS LICENSE NO.			ARRESTED YES <input type="checkbox"/> NO <input type="checkbox"/>		ADV OF RIGHTS YES <input type="checkbox"/> NO <input type="checkbox"/>		CITIZEN ARREST <input type="checkbox"/>				
OCCUPATION		BUSINESS ADDRESS					BUS. PHONE			RES. PHONE		CITATION NO.					
HAIR LENGTH/TYPE <input type="checkbox"/> UNK.		HAIR STYLE <input type="checkbox"/> UNK.		FACIAL HAIR <input type="checkbox"/> UNK.			WEAPON USED <input type="checkbox"/> UNK. <input type="checkbox"/> N/A										
A <input type="checkbox"/> Bald B <input type="checkbox"/> Butch C <input type="checkbox"/> Coarse D <input type="checkbox"/> Collar E <input type="checkbox"/> Fine F <input type="checkbox"/> Long G <input type="checkbox"/> Neck Length		H <input type="checkbox"/> Receding I <input type="checkbox"/> Shaved J <input type="checkbox"/> Short K <input type="checkbox"/> Shoulder L <input type="checkbox"/> Thick M <input type="checkbox"/> Thinning N <input type="checkbox"/> Wiry		A <input type="checkbox"/> Afro/Mat B <input type="checkbox"/> Braided C <input type="checkbox"/> Bushy D <input type="checkbox"/> Colored dyed E <input type="checkbox"/> Crew cut F <input type="checkbox"/> Greasy		G <input type="checkbox"/> Military H <input type="checkbox"/> Ponytail I <input type="checkbox"/> Processed J <input type="checkbox"/> Straight K <input type="checkbox"/> Wavy/Curly L <input type="checkbox"/> Wig		A <input type="checkbox"/> Clean Shaven B <input type="checkbox"/> Full Beard C <input type="checkbox"/> Fu Manchu D <input type="checkbox"/> Goatee E <input type="checkbox"/> Lower Lip		F <input type="checkbox"/> Mustache G <input type="checkbox"/> Scrappy Beard H <input type="checkbox"/> Sideburns I <input type="checkbox"/> Unshaven J <input type="checkbox"/> Van Dyke		A <input type="checkbox"/> Bomb B <input type="checkbox"/> Cutting Instrument C <input type="checkbox"/> Chemical D <input type="checkbox"/> Club E <input type="checkbox"/> Handgun F <input type="checkbox"/> Hands/Feet G <input type="checkbox"/> Ice pick			H <input type="checkbox"/> Knife I <input type="checkbox"/> Motor Vehicle J <input type="checkbox"/> Razor K <input type="checkbox"/> Rifle L <input type="checkbox"/> Shotgun M <input type="checkbox"/> Simulated N <input type="checkbox"/> Toy Gun O <input type="checkbox"/> Other		
WAS THERE A RAPE? IF YES, PLACE AN X IN BOX <input type="checkbox"/> Force <input type="checkbox"/> No Force <input type="checkbox"/> Attempt Only					Gang Related <input type="checkbox"/>		CONFIDENTIALITY Domestic Violence <input type="checkbox"/>		REQUESTED BY VICTIM Children in Home <input type="checkbox"/>		293 PC / 6254 GC		COURT		PROB.		
Officer Reporting S. Ryan #161 11811					FTO D. B. Ryan #161	NUMBER 11811	DATE AND TIME 3/26/08 2305 hours					D. A.		PRESS			
REVIEWED BY S. Ryan #161 11811					BADGE NO. 5-20	DATE 3-27-08 0300					DET BUR.		INDEXED				
SHF-042 E-Form Rev. 2/20/2007 RJM																	

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8
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2
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0
CASE
ON

MEDICAL TREATMENT	NAME-LAST FIRST MIDDLE	REFUSED <input type="checkbox"/>	CODE	Nature of Injury		Where Hospitalized or Examined	
				STRUCTURE TYPE	POINT OF ENTRY <input type="checkbox"/> UNK <input checked="" type="checkbox"/> N/A		METHOD OF ENTRY
Commercial A <input type="checkbox"/> Agriculture/Shed B <input type="checkbox"/> Auto Repair/Parts C <input type="checkbox"/> Bar D <input type="checkbox"/> Coin Laundry E <input type="checkbox"/> Construction F <input type="checkbox"/> Convenience Store G <input type="checkbox"/> Fast Food H <input type="checkbox"/> Financial I <input type="checkbox"/> Gas Station J <input type="checkbox"/> Grocery/Supermarket K <input type="checkbox"/> Hotel/Motel L <input type="checkbox"/> Industrial/MFG M <input type="checkbox"/> Jewelry N <input type="checkbox"/> Liquor Store O <input type="checkbox"/> Medical/Dental/Hospital P <input type="checkbox"/> Office Building Q <input type="checkbox"/> Pharmacy R <input type="checkbox"/> Recreation/Sports S <input type="checkbox"/> Restaurant T <input type="checkbox"/> Storage U <input type="checkbox"/> TV/Appliance V <input type="checkbox"/> Video W <input type="checkbox"/> Warehouse	Residential X <input type="checkbox"/> Apartment/Condo Y <input type="checkbox"/> Campsite Z <input type="checkbox"/> Garage AA <input type="checkbox"/> Mobile home BB <input type="checkbox"/> Shed CC <input type="checkbox"/> Single Family Dwelling Miscellaneous DD <input type="checkbox"/> Airport/Hanger EE <input type="checkbox"/> Beach FF <input type="checkbox"/> Church GG <input type="checkbox"/> Government Bldg. HH <input type="checkbox"/> Park II <input type="checkbox"/> Parking Lot JJ <input type="checkbox"/> School Vehicle KK <input type="checkbox"/> Airplane LL <input type="checkbox"/> Auto MM <input type="checkbox"/> Boat NN <input type="checkbox"/> Bus OO <input type="checkbox"/> Motorcycle PP <input checked="" type="checkbox"/> RV/Camper QQ <input type="checkbox"/> Trailer RR <input type="checkbox"/> Truck/Pickup/Van	A <input type="checkbox"/> Adjacent Premises B <input type="checkbox"/> Basement C <input type="checkbox"/> Door D <input type="checkbox"/> Duct Vent E <input type="checkbox"/> Floor F <input type="checkbox"/> Front G <input type="checkbox"/> Garage H <input type="checkbox"/> Ground Level I <input type="checkbox"/> Louvre J <input type="checkbox"/> Pet Door K <input type="checkbox"/> Rear L <input type="checkbox"/> Roof M <input type="checkbox"/> Side N <input type="checkbox"/> Skylight O <input type="checkbox"/> Sliding Glass Door P <input type="checkbox"/> Upper Level Q <input type="checkbox"/> Wall R <input type="checkbox"/> Window Vehicle Only S <input type="checkbox"/> Convertible Top T <input type="checkbox"/> Door U <input type="checkbox"/> Hood V <input type="checkbox"/> Sunroof W <input type="checkbox"/> Trunk/Hatchback X <input type="checkbox"/> Wind Wing Window Y <input type="checkbox"/> Window	A <input type="checkbox"/> UNK <input checked="" type="checkbox"/> N/A B <input type="checkbox"/> Attempt C <input type="checkbox"/> Break/Smash D <input type="checkbox"/> Burn E <input type="checkbox"/> Cut F <input type="checkbox"/> Hide in/occupied G <input type="checkbox"/> Kick H <input type="checkbox"/> Knob twist I <input type="checkbox"/> Lock Box J <input type="checkbox"/> Lock Break K <input type="checkbox"/> Lock Cut L <input type="checkbox"/> Lock Pick M <input type="checkbox"/> Lock Punch N <input type="checkbox"/> Lock Slip O <input type="checkbox"/> No Force P <input type="checkbox"/> Pry Q <input type="checkbox"/> Removed R <input type="checkbox"/> Taped/broke S <input type="checkbox"/> Unlocked	A <input type="checkbox"/> Axe B <input type="checkbox"/> Bolt Cutter C <input type="checkbox"/> Brick/Rock D <input type="checkbox"/> Channel Lock/Pliers E <input type="checkbox"/> Drill F <input type="checkbox"/> Garage Door Opener G <input type="checkbox"/> Glass Cutter H <input type="checkbox"/> Hammer I <input type="checkbox"/> Key J <input type="checkbox"/> Pipe	K <input type="checkbox"/> Pry Tool L <input type="checkbox"/> Saw M <input type="checkbox"/> Screw Driver N <input type="checkbox"/> Slim Jim O <input type="checkbox"/> Slip device/wire P <input type="checkbox"/> Tire Iron Q <input type="checkbox"/> Torch/Explosive R <input type="checkbox"/> Other (Specify) _____		
				WEATHER CONDITIONS		LIGHT CONDITIONS	
				<input checked="" type="checkbox"/> Clear/Dry <input type="checkbox"/> Foggy <input type="checkbox"/> Rainy <input type="checkbox"/> wet <input type="checkbox"/> icy <input type="checkbox"/> UNK.	<input type="checkbox"/> Well-lighted <input checked="" type="checkbox"/> Poorly-lighted <input type="checkbox"/> Not lighted <input type="checkbox"/> Moonlight <input type="checkbox"/> UNK.		
						SUSPECT ACTIONS	
						A <input type="checkbox"/> Alarm Disabled B <input type="checkbox"/> Ate/Drank on Premises C <input type="checkbox"/> Attempt to Purchase D <input type="checkbox"/> Cased Location E <input type="checkbox"/> Cash Demanded F <input type="checkbox"/> Cat Burglar G <input type="checkbox"/> Defecated H <input type="checkbox"/> Demand Note Used I <input type="checkbox"/> Exit Prepared J <input type="checkbox"/> Forged Documents K <input type="checkbox"/> Gloves Worn L <input type="checkbox"/> Hide in Building M <input type="checkbox"/> Inflicted Injury N <input type="checkbox"/> Knew Location of Property O <input type="checkbox"/> Lookout Used P <input type="checkbox"/> Mask Worn/Face Hidden Q <input type="checkbox"/> Matched Used R <input type="checkbox"/> Masturbated S <input type="checkbox"/> Multiple Suspects T <input type="checkbox"/> Phone Disabled U <input type="checkbox"/> Pickpocket V <input type="checkbox"/> Pillowcase used W <input type="checkbox"/> Power Disabled X <input type="checkbox"/> Pretended to be	Y <input type="checkbox"/> Purse Snatch z <input type="checkbox"/> Ransacked AA <input type="checkbox"/> Safe Attacked BB <input type="checkbox"/> Stashed Loot CC <input type="checkbox"/> Threaten to Kill DD <input type="checkbox"/> Threaten Retaliation EE <input type="checkbox"/> Threaten Victim's Family FF <input type="checkbox"/> Toilet Used GG <input type="checkbox"/> Took Only TV/Stereo HH <input type="checkbox"/> Took Only Money II <input type="checkbox"/> Took Only Concealable JJ <input type="checkbox"/> Took only Jewelry KK <input type="checkbox"/> Under Influence LL <input type="checkbox"/> Unusual Odor MM <input type="checkbox"/> Urinated NN <input type="checkbox"/> Vandalized OO <input type="checkbox"/> Vehicle Required PP <input type="checkbox"/> Victim's Name Used QQ <input type="checkbox"/> Victim's Tools Used RR <input type="checkbox"/> Weapon Fired SS <input type="checkbox"/> Other (Specify) _____

SYNOPSIS:

On 3/23/08 at approximately 0014 hours I was dispatched to the report of a man unconscious and not breathing at the Smithwoods RV Park in Felton. Upon arrival I contacted the family who was in the process of performing CPR on the man, (DEC) Daniel McCornack. McCornack was unresponsive and not breathing. Medics arrived on scene and pronounced McCornack deceased.

Detective/Coroner N. Silva removed Daniel from the scene and transported him to the county morgue.

Report for information only.

CONCLUSIONS/RECOMMENDATIONS

1) Warrant requested. 3) Prosecution not recommended.
 2) Prosecution recommended. 4) Investigation Bureau follow-up requested.

5) Investigation continuing (by Patrol). 9) Report for insurance purposes only
 6) Insufficient evidence for prosecution. 10) Refer to outside agency _____
 7) Insufficient information for further investigation at this time.
 8) Report for information only 11) Other _____

REFERENCES/EXPLANATIONS

OFFICE OF THE SHERIFF-CORONER
COUNTY OF SANTA CRUZ

Offense: Coroner Case	INCIDENT REPORT	Sheriff's Case Number: 08-2790
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NARRATIVE:

On 3/23/08 I was working uniformed patrol in a marked patrol vehicle within the county of Santa Cruz. At approximately 0014 hours, I was dispatched to the report of an unconscious man who was not breathing at the Smithwoods RV park in Felton. I arrived on scene and contacted the family of the man. The man's name was (DEC) Daniel McCornack. Daniel was inside a camper trailer parked at Site I of the RV Park. Daniel's family was performing CPR on him. I assisted by getting a CPR face mask for them and Deputy Baldwin helped them by verbally instructing the performance of the CPR.

Fire and AMR arrived and rendered aid in an effort to revive him. They were unsuccessful and AMR Medic 2 pronounced Daniel deceased at 0052 hours.

Deputy Gutzwiller contacted Netcom and requested a coroner unit.

Based on the emotional condition of the family I was unable to get any statements.

Later, Detective/Coroner N. Silva interviewed (RP1) Kathy McCornack, the decedent's wife. I was present for this interview and obtained the following statement in summary:

The family had been vacationing at the RV Park for the Easter weekend. That night they had been celebrating. Kathy said that Daniel had drank a few beers and smoked a cigar, but would not describe his drinking as excessive. She said that Daniel was not a smoker. Daniel had not been complaining of any pain or discomfort when they went to bed that evening. At approximately 0010 hours, Kathy had been awoken to what she described as a "snoring" sound. Daniel's eyes were open but he was unresponsive. She called 9-1-1 and was instructed by the emergency dispatcher to begin administering first aid.

Kathy told us that Daniel had a history of heart illness and was diagnosed with an irregular heartbeat. He was taking medication for his condition and had taken it that evening. His death was unexpected. She gave us no further details.

Detective/Coroner N. Silva removed Daniel from the scene and transported him to the county morgue.

Deputy Baldwin and I spoke with the family before leaving. Deputy Baldwin provided them with his card and requested that they contact him if they had any questions about the process.

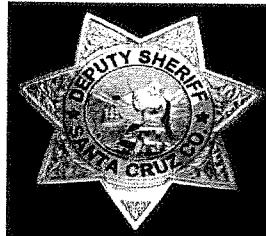
OPINIONS:

Report for information only.

Deputy: S. Ryan	ID Number: #161 11811	Date Of Report: 3/26/08	Page 3
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SANTA CRUZ COUNTY SHERIFF-CORONER
Steve Robbins, Sheriff-Coroner
701 Ocean St. Room 340
Santa Cruz, CA 95060

**SANTA CRUZ COUNTY
SHERIFF-CORONER**



INVESTIGATION DIVISION

FACSIMILE TRANSMITTAL FORM

TO: NATIONAL MEDICAL SERVICES, INC, "FORENSIC"	VOICE LINE: (800-522-6671) FAX LINE: (215)-366-1501
---	--

FROM:	SGT. ALAN BURT DEPUTY CORONER INVESTIGATIONS DIVISION; CORONER'S SECTION VOICE LINE: (831) 454-2520 FAX LINE: (831) 454-3553
--------------	--

NUMBER OF PAGES (INCLUDING COVER) 1

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments: To Forensic Support, NMS Labs. Regarding our case #08-02797, McCormack, Daniel, Lab #10843208, The family of this decedent is requesting that all toxicology be held on this case. There is a pending lawsuit in this case. Please confirm receipt of this fax. Sincerely Sgt. A. Burt, Supervising Deputy Coroner.**

CONFIDENTIAL: This fax is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any use, dissemination, distribution or copying of this communication is strictly prohibited. If you received this in error, please call the sender at the phone number listed above.

Santa Cruz County Sheriff - Coroner

Wednesday, April 09, 2008

Case #: 08-02797
 Name: Daniel Elwin
 Investigator: MCCORNACK

Medication Chart

Medication	Dosage Where Found	Pharmacy	Rx Date	Rx No.	Physician	Frequency	Qty Issued	Qty Left
Prevacid					Dr Lamm			
Allopurinol					Dr Lamm			
Digitek					Dr Lamm			
Pravastatin	20 mg				Dr Lamm			
Flunitiazam					Dr Lamm			

PLAINTIFFS' EXHIBITS 010325



FAX COVER SHEET

Gordon D. Lemm, MD
phone (805)434-3211

Hendrik F. Breytepbach, MD
phone (805)434-3791

292 Posada Lane Suite D
Templeton, CA 93465
Fax (805)434-2019

Date: 3-24-08

Send to: Coroner Attn: Naomi

Fax number: 831-454-3553 Number of pages, including cover 11

Re: Dan McCormack DOB 2-15-63

Comments:

McCORMACK, DANIEL

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation and is required to destroy the information after its stated need has been fulfilled.

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7/05

DS-02790

DATE 1-8-08
D/P 10/36 R
W/25
Attorneys S. Yip, S. S. Yip
Impression
Med
See Med History

McCormack, Dan
Hypothyroid. 4 month flu and
Lab. results & Diagnostic labs/9/2010
wt gain/gout. AB

3- See labs

A: Hyperlipidemia + low HDL
wt gain
Gout

Discussed diet/exercise

P: Simvastatin 20mg #30
LFT, Uric Acid, Lipid panel 3rd + appt
PSA, DCG level Z

1-22-08 PC pt: says simvastatin is causing nausea, neck + back
pain, HA. Feels much better as soon as he stops taking
it. What to do? ab
226-3132 wk

1/23 LM - Can try another statin - call me

Z

1-23-08 PC pt willing to try another med. Far Target.
Call if you need to speak to him. ab

441-4257 1/24 LOVASTATIN 20mg 1g AM #30 RTZ

fixed off Z

McCormack, Dan

Date 12/5/07
PP 1211 B P R
W 224 H
Allergies Sulfa, Amoxicillin
Medications
See Med Hist

44 y/o C.C. eye irritation, redness
in the R eye there looks like
there is a lesion near the
iris of his eye. Eye site is
fine. Eyes do burn a little. AS

O: Small pterygium on C and scleral injection
No encroachment on iris
Anterior chamber clear

A: Pterygium

P: Eye protection
Refresh drops - 1

McCormack, Dan

Date 9-6-07
 D/B/A 11/72 P R
 W/M 79 Ht
 Allergies Sulfur
 Septa, Amphotericin
 Meds Stereolist

44 y/o C.C. 3 month flu and
 lab results. Needs new Rx's
 for mail away. Wants to discuss
 his visit with Dr. Bukahevsky.
 He continues with pain and a
 metallic taste in his mouth. Numbness
 and tingling in gums. AB
 and tingling in gums.

He has been on a strict diet and wants to avoid statin. Diet
 has been under fairly good control. He likes beer and realizes
 it may contribute to pain.

Intermittent small lesions on upper lip. Dr. B says no oral
 cancer. He has a lot of cold sores.

Dr. See Abbs 8/31/07

Heart - 2 upper lip just inside mouth - 2 mm vesicles
 No lymphadenopathy

Cor pulm unclear Abd benign Extane

Ar Hypersplenitis - intermittent, chronic
 Hyperglycemia / keto / Hb A1C

Rx Cont diet / meto

Lipids, uric acid in Jan & Sept Rx Lovastatin

6-07- Written Rx's - Diltaizem CD 300mg 8 am #90

Diltaizem CD 180mg 8 pm #90

Danoxin 0.25mg T bid #180

Allopurinol 100mg #210 #1 gd

Procardia Zengy #90 T p gd

Rx #93 6/14 AB

107 - Caremark - Prevacid 30mg #100 #3
 PLAINTIFFS EXHIBITS 070329

McCormack, Dan

Date 6-4-07
 Sp 10/12 R
 Wt 170 Ht 5'8"
 Allergies Sulf, Septa
Ampicillin
 Meds See med list

44 y/o ♂ c.c. (month flu and labs
 results. Saw Dr. Bakachev 5/29
 and was not impressed with him
 Has an apt in Redwood City to discuss R.
 An ablation done.

Dr Winkler @ Redwood for possible ablation, June 25th for
 his chronic atrial fib. Oral lesion still "feels funny" at
 times. He may switch to Dr. Buckbeevery.

④ Hb B27. Mother epsonias. He would like to see hematology
 D See labs. Urine and 8:0 Chol 262 HDL 340 TBS 620
 Cor occurs irreg.
 lungs clear

A. Const/Hyperlipidemia/Chronic A fib

R: Lipids, urine and 3 urines
low fat, low protein diet -
 We discussed med options - 2

CENTRAL COAST CLINICAL LAB
 350 POSADA LANE STE 100
 TEMPLETON, CA 93465
 805 434-9080 FAX: 805 434-9082
 DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN SEX: M DOB: 02/15/1963
 PT ID: LAB ID: 021563DM
 PHYS1: LEMM, GORDON DRAW DATE: 12/27/07 09:48
 292 POSADA LN STE D PRINTED: 12/27/07 12:29
 PHYS2: ACCESSION: 07361044

COMMENTS: FASTING
 TESTS ORDERED: URCA, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE	REFERENCE RANGE
URIC ACID, SERUM		8.1 H	3.5-7.2 mg/dL
LIPID PANEL			
CHOLESTEROL		239 H	90-200 mg/dL
HDL	33	>60 mg/dL	Low Risk
		40-60 mg/dL	Borderline/Moderate
		<40 mg/dL	High Risk
TRIGLYCERIDES	581	H	23-231 mg/dL
TC: HDL RATIO	7.2	H	
CHOLESTEROL (mg/dL)			
Desirable level/low risk		LDL <130	HDL >60
Borderline level/moderate risk	130-159	130-159	TOTAL <200
Elevated level/high risk	>160	>160	200-239
			>240
TOTAL CHOLESTEROL-HDL RATIOS			
Low risk		3.3-4.4	
Average risk		4.4-7.1	
Moderate risk		7.1-11.0	
High risk		>11.0	

END OF REPORT

FINAL REPORT

REVIEWED BY: DJB

CENTRAL COAST CLINICAL LAB
 350 POSADA LANE STE 100
 TEMPLETON, CA 93465
 805 434-9080 FAX: 805 434-9082
 DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN SEX: M DOB: 02/15/1963
 PT ID: LAB ID: 021563DM
 PHYS1: LEMM, GORDON DRAW DATE: 08/31/07 08:30
 292 POSADA LN STE D PRINTED: 08/31/07 11:11
 PHYS2: ACCESSION: 07243024

COMMENTS: FASTING
 TESTS ORDERED: URCA, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE	REFERENCE RANGE
URIC ACID, SERUM		7.8 H	3.5-7.2 mg/dL
LIPID PANEL			
CHOLESTEROL	200		90-200 mg/dL
HDL	31	>60 mg/dL	Low Risk
		40-60 mg/dL	Borderline/Moderate
		<40 mg/dL	High Risk
LDL (BY CALC)	98	<130 mg/dL	Low Risk
		130-159 mg/dL	Borderline/Moderate
		>160 mg/dL	High Risk
VLDL (BY CALC)	70	H	6-62 mg/dL
TRIGLYCERIDES	352	H	23-231 mg/dL
TC: HDL RATIO	6.5		
CHOLESTEROL (mg/dL)			
Desirable level/low risk	<130	HDL	TOTAL
Borderline level/moderate risk	130-159	35-60	200-239
Elevated level/high risk	>160	(35)	>240
TOTAL CHOLESTEROL-HDL RATIOS			
Low risk	3.3-4.4		
Average risk	4.4-7.1		
Moderate risk	7.1-11.0		
High risk	>11.0		

TRIG Reporting

h

END OF REPORT

FINAL REPORT

REVIEWED BY: DJB

CENTRAL COAST CLINICAL LAB
 350 POSADA LANE STE 100
 TEMPLETON, CA 93465
 805 434-9080 FAX: 805 434-9082
 DIRECTOR: CARL E. JOHNSON, JR. M.D.

NAME: MCCORNACK, DAN	SEX: M	DOB: 02/15/1963
PT ID:	LAB ID:	021563DM
PHYS1: LEMM, GORDON	DRAW DATE:	05/15/07 08:08
292 POSADA LN STE D	PRINTED:	05/15/07 11:57
PHYS2: LAWRENCE VONDOLLEN	ACCESSION:	07135010
FAX 782-8859		

COMMENTS: FASTING
 TESTS ORDERED: NOTE, CMP, URCA, DIG, TSH, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE	REFERENCE RANGE
-----------	----------	--------------	-----------------

NOTE: *
 LAST DOSE TAKEN: PM, 5/14

COMP. METABOLIC PANEL

SODIUM	139	136-145	Eq/L
POTASSIUM	4.6	3.5-5.1	Eq/L
CHLORIDE	101	97-107	Eq/L
CARBON DIOXIDE	29	21-31	Eq/L
ANION GAP	14	10-20	
ALBUMIN	4.7	4.2-5.3	g/dL
PROTEIN, SERUM	6.5	6.0-8.3	g/dL
CALCIUM	9.7	8.6-10.3	mg/dL
BILIRUBIN, TOTAL	0.8	0.1-1.2	mg/dL
UREA NITROGEN, BLOOD	23	10-21	mg/dL
CREATININE, SERUM	1.2	0.6-1.3	mg/dL
ALK. PHOSPHATASE	62	41-111	U/L
ALT (SGPT)	42	0-46	U/L
AST (SGOT)	19	9-42	U/L
GLUCOSE	106	70-105	mg/dL
URIC ACID, SERUM	8.0	3.5-7.2	mg/dL
DIGOXIN	1.6	0.5-2.0	ng/mL
TSH	3.670	0.35-5.50	uIU/mL

LIPID PANEL

CHOLESTEROL	262	90-200	mg/dL
HDL	36	>60 mg/dL	Low Risk
		40-60	Borderline/Moderate
		<40	High Risk
TRIGLYCERIDES	620	23-231	mg/dL
TC:HDL RATIO	7.3		
CHOLESTEROL (mg/dL)			

Desirable level/low risk

LDL (130)	HDL >60	TOTAL <200
-----------	---------	------------

END OF PAGE 1. CONTINUED ON PAGE 2

5/17 Apt please
 apt 614 v+ 1/2

CENTRAL COAST CLINICAL LAB
 350 POSADA LANE STE 100
 TEMPLETON, CA 93465
 805 434-9080 FAX: 805 434-9082
 DIRECTOR: CARL E. JOHNSON, JR., M.D.

NAME: MCCORNACK, DAN	SEX: M	DOB: 02/15/1963
PT ID:	LAB ID:	021563DM
PHYS1: LEMM, GORDON	DRAW DATE:	05/15/07 08:08
292 POSADA LN STE D	PRINTED:	05/15/07 11:57
PHYS2: LAWRENCE VONDOLLEN	ACCESSION:	07135010
FAX 782-8859		

COMMENTS: FASTING

TESTS ORDERED: NOTE, CMP, URCA, DIG, TSH, LIPID

PROCEDURE	IN RANGE	OUT OF RANGE	REFERENCE RANGE
-----------	----------	--------------	-----------------

Borderline level/moderate risk	130-159	35-60	200-239
Elevated level/high risk	>160	(35	>240

TOTAL CHOLESTEROL-HDL RATIOS

Low risk	3.3-4.4
Average risk	4.4-7.1
Moderate risk	7.1-11.0
High risk	>11.0

END OF REPORT

FINAL REPORT

REVIEWED BY: DJB

Pat-Name:

Kidderick, Don

Page:

44

Date:

10/10/08

Time:

3:45 PM

ECG:

10 mm/lead

Rate:

100

PR:

0.15 sec

QRS:

0.08 sec

QT:

0.10 sec

ST:

0.05 sec

T:

0.10 sec

RR:

1.0 sec

ECG:

10 mm/lead

Rate:

100

PR:

0.15 sec

QRS:

0.08 sec

QT:

0.10 sec

ST:

0.05 sec

T:

0.10 sec

ECG:

10 mm/lead

Rate:

100

PR:

0.15 sec

QRS:

0.08 sec

QT:

0.10 sec

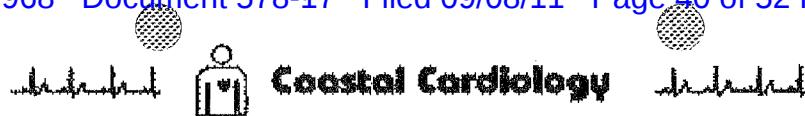
ST:

0.05 sec

Patient Name: Don McCornack

Date 8/10/84

Adverse Reactions: Sulfa; Ampicillin; Septa
SIMVASTATIN \rightarrow nausea



Mark C. Bocchicchio, M.D., F.A.C.C., John L. Carlisle, M.D., F.A.C.C., Robert J. Doria, M.D., F.A.C.C., Michael Famularo, M.D., F.A.C.C.,
Lorianna Fletcher, M.D., F.A.C.C., Spencer Kulick, M.D., F.A.C.C., Steven C. Pontius, M.D., F.A.C.C., David Puro, M.D., F.A.C.C.,
Mark J. Sada, M.D., F.A.C.C., Maria Sciammarella, M.D., F.A.C.C., Lawrence Von Dollen, M.D., F.A.C.C.,
Michael M. Wiechmann, M.D., F.A.C.C.
www.coastalcardiology.com

FAX TRANSMITTAL FORM

To: Santa Cruz County Coroner

Date: Monday, March 24, 2008

Company:

Fax Number: 1831 454-3553

Subject: Daniel Mc Cormack records

From: Day, Ronell

Pages: 13

Note:

Attn: Naomi Silva

08-02190

PHYSICIAN OFFICE: This is the only copy you will receive. If you would like an original copy, please contact us at (805) 782-8844.

PHARMACIES: Any questions regarding prescriptions, please contact the appropriate office at the numbers listed below and ask to speak with a Medical Assistant.

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295 Posada Lane, Suite A, Templeton, California 93465 (805)434-2262 FAX (805)782-8859

6/29/07 3:09 PM From: Renee Burdeaux

Page 2 of 4

Cardiovascular Medicine and Cardiac Arrhythmias
An Incorporated Medical Group

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Edward T. Anderson, M.D.
R. Hardwin Mead, M.D.
Michael A. Ruder, M.D.
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2900 Whipple Avenue, Suite 205 Redwood City, CA 94062 650-363-5262 fax 650-363-5265

JUNE 25, 2007

LAWRENCE VON DOLLEN, M.D.
295 POSADA LANE, SUITE A
TEMPLETON, CA 93465

GORDON LEMM, M.D.
292 POSADA LANE, SUITE D
TEMPLETON, CA 93465

RE: MCCORNACK, DANIEL
MR#: 58831

CARDIOLOGY CONSULTATION

CLINICAL HISTORY: This 44-year-old gentleman is referred for consideration of pulmonary vein ablation of atrial fibrillation. The patient had his first episode of probable atrial fibrillation at age 22. He would feel as if there were marbles or butterflies in his chest. He could get weak, cold, and tired. The episode lasted several days and he was treated with _____ caps. He was carried forward by, Dr. Harvey, who is now retired. Ultimately, Dr. Harvey told him he should stop his medications, as he was too young to be taking them. He stayed off of all medications for four years and had no major episodes. About four years later, he had another episode of sustained atrial fibrillation and went to his physician, who sent him immediately to the ER. That is when he first encountered Dr. Von Dollen. He was treated with digoxin in fairly high doses, which has now been cut back to 0.25-mg b.i.d. He was given Tenormin, which caused him to be a bit tired and fatigued and amiodarone, which caused him to have visual symptoms and actually possibly lose some vision. The patient subsequently has been treated with high dose diltiazem up to 480-mg daily in addition to 0.5-mg of digoxin. He thinks that he has some periods where he is in normal rhythm, but he is really not entirely certain as to whether he is fibrillating or not. When he lies down he is aware of an irregular beat. At times, he feels like he is in the normal rhythm and then develops an erratic rhythm. Before starting medications when he had atrial fibrillation he "felt like he would die." He does feel that he is tired and fatigued and not really a 100%. He notes no real precipitating factors for his bouts of atrial fibrillation. He was in atrial fibrillation for 24-hours on a Holter done by Dr. Von Dollen in June 2001. Several EKGs have shown him to be in atrial fibrillation. His left atrial size has been normal at 4.0-cm. He has no history of MIs, strokes, hypertension, thyroid disease, heart murmurs, rheumatic fever, asthma, or diabetes. He has occasional atypical chest pain. He has never had presyncope or syncope. He pops his head up with a pillow at night because he breaths better and has some heartburn. He has done this for at least several years or more. He has noted some mild edema over the last year. His cholesterol has been elevated. One

6/29/07 3:09 PM From: Renee Burdeaux

Page 3 of 4

TO: LAWRENCE VON DOLLEN, M.D.
GORDON LEMM, M.D.
RE: MCCORNACK, DANIEL
DATE: 06/25/2007
Page 2

done in May 2007 was 262 with HDL of 36 and triglycerides of 620, so the LDL could not be determined. A TSH at the time was 3.67.

PAST MEDICAL HISTORY:

OPERATIONS: He had a tonsillectomy at age 19. He had left knee arthroscopic surgery in 1993.

MEDICATIONS:

1. Diltiazem 300-mg and 180-mg daily.
2. Allopurinol 100-mg t.i.d.
3. Digitek 0.25-mg b.i.d.
4. Prevacid 30-mg daily.
5. Aspirin 325-mg daily.

ALLERGIES: Ampicillin cause some swelling, sulfa drugs cause swelling and redness, atenolol cause fatigue, and amiodarone cause some visual decline.

FAMILY HISTORY: All of his grandparents are alive. His mother is alive at 62 and father at 64 in good health. He has a brother, 37 in good health. He has a sister, 41 in good health. He has a son 14 and a son 16 both in good health.

SOCIAL HISTORY: He uses Copenhagen chewing tobacco, quitting four months ago. He has two to four beers daily. He has three cups of coffee daily. He is married. He is a plant manager for a custom chemical manufacturing plant. He is married and his wife comes with him today.

REVIEW OF SYSTEMS: He had some fevers and sweats and underwent an evaluation and was found to have an HLA 27 A-gene. He has some minor back issues, which sound more like disc disease, and ankylosing spondylitis. He had a past history of possible ulcers.

PHYSICAL EXAMINATION:

GENERAL: He is a mildly overweight middle-aged gentleman and in no distress.

VITAL SIGNS: Blood pressure is 140/85. Weight is 223.

HEENT: Negative.

NECK: No JVD. No carotid bruits. Thyroid not enlarged.

LUNGS: Clear.

HEART: Rhythm irregularly irregular at about 70 to 80 per minute. No clicks, murmurs, gallops, or rubs.

ABDOMEN: Soft. Bowel sounds active. No organomegaly. No bruits.

EXTREMITIES: No edema. Pedal pulses 1+ and equal.

IMPRESSION:

1. Atrial fibrillation. This clearly was paroxysmal in the past. It is very difficult to tell if it is persistent or permanent at this time. He has been in atrial fibrillation most of the time Dr. Von Dollen has seen him. The patient thinks that he has periods where he is in normal rhythm and then goes into atrial fibrillation. He has a lot of fatigue and lack of energy, which he attributes to his atrial fibrillation. It is really not clear if he is having periods of sinus rhythm to compare the atrial fibrillation symptoms to. I asked him to wear an iCardia monitor for a month and send us

6/29/07 3:09 PM From: Renee Burdeaux

Page 4 of 4

TO: LAWRENCE VON DOLLEN, M.D.
GORDON LEMM, M.D.
RE: MCCORNACK, DANIEL
DATE: 06/25/2007
Page 3

strips frequently especially when he thinks he might be in normal rhythm. If in fact he is still having periods of sinus rhythm it might be worth a trial of an antiarrhythmic drug such as propafenone or flecainide to see if he feels better and sustain sinus rhythm. If he is in permanent atrial fibrillation it might be worth doing a cardioversion on propafenone or flecainide to see if we could get a few weeks of sinus rhythm to see if he felt better. I explained to him the invasive nature of a pulmonary vein isolation procedure. He understands the need for transseptal puncture and risk of 1% including death, stroke, perforation, atrial esophageal fistulae, pulmonary vein stenosis, groin complications and other serious complications. He understands there is a 30% need for a second procedure. If he is in permanent atrial fibrillation his cure rate would be 60% to 65% and if he is in paroxysmal atrial fibrillation it would be 70% to 75%. I explained that the only known benefit was improvement in quality of life. Although, there are theoretical reasons that think sinus rhythm would decrease the risk of stroke and other complications. There is no scientific prove in this regard. After he sends the strips to us we will decide whether or not to try to restore sinus rhythm briefly to see if he feels dramatically better. If so he certainly would be an excellent candidate for ablation. If he is highly motivated to restore sinus rhythm. He may just want to proceed directly to a pulmonary vein isolation procedure to try to get off of all of his current drugs.

2. HLA 27 gene positive with relatively few symptoms related to this.
3. Mild edema for the past year. This certainly could be aggravated by his diltiazem. He has been on it for a long time and it is possible that this is when he went into permanent atrial fibrillation.

ROGER A. WINKLE, M.D.
Dictated, but not read or signed.

RW/PSG/PSG
DD: 06/25/2007
DT: 06/28/2007
FILENAME: 07062501-RWINKLE-062507-MCCORNACK-DANIEL-58831

Progress Notes

Page: 1

Date Printed: 03/24/08

ID: 555517837 SEX:M AGE:45

Name: Mccornack, Daniel

11/29/07 : 08:48am

AFIB

Medical Assistant: Sakisha Alexander, CMA

Patient Name: MCCORNACK, DANIEL

02/15/63

401:VON

Coastal Cardiology

1941 Johnson Avenue Suite 101

San Luis Obispo, CA 93401

(805) 782-8844

FAX: (805) 782-8859

Referring Phys.: Gordon Lemm, M.D.

Last visit with PMD:3 months ago

Coastal Cardiology Provider/Last visit/Reason:

Cardiologist: Lawrence Von Dollen, M.D., F.A.C.C.

1941 Johnson Avenue Suite 101

San Luis Obispo, CA 93401

(805) 782-8844 FAX (805) 782-8859

Chief Complaint: AFIB

Subjective: 44 year old patient in the office today for follow up AFIB. He states he is back from his hunting trips and would like to discuss medical therapy plan. He has seen Dr Winkle in June 07 to discuss ablation, but has opted not to proceed. He wanted to hold off on an ablation due to the hunting season. He states he is unclear what to proceed with vs doing nothing. He states he feels relatively well, with some exception to doing exertional exercise. He is able to hike while hunting, but does have DOE - he states he isn't clear whether it is related to decreased stamina vs AFIB. He denies of any chest pain/pressure, edema, CHF symptoms, or dizziness.

Allergies: SULFA, AMPICILLIAN

Current Medications:

Rx: DILACOR 300MG 1 qd

Rx: DILACOR XR 180MG 1 qhs

Rx: LANOXIN 0.25MG 1 bid

Rx: ALLOPURINOL 300MG 1 qd

Rx: ASPIRIN-COATED 325MG 1 qd

Rx: PREVACID 30MG 1 qd

Review of Systems: unchanged compared with last visit

PFSH: Reviewed and unchanged compared with last visit

DIAGNOSTIC STUDIES COMPLETED:

ECHO: completed on 12/14/2006

Dr Winkles note 06/2007: See chart

ECG: completed on 07/13/2007

HOLTER: completed on 06/12/2001

Major Problem List:

ATRIAL FIBRILLATIO

HLA B-27

Objective:

Printed using Practice Partner

Progress Notes

Page: 2

Date Printed: 03/24/08

ID: 555517837 SEX:M AGE:45

Name: Mccormack, Daniel

Syst. BP 110 : Diast BP 72 : P. 79

T : Height 5'10" : Weight 224

Recheck BP:112/68 Pain: 0/10, RR: 12 and unlabored

General Appearance: The patient is a male who appears stated age in no acute distress.

HEENT: The patient is normcephalic. Grossly normal external eye and conjunctiva without xanthelasmata, exudate or hemorrhages. Grossly normal oropharynx with dentition in reasonable repair.

NECK: The neck is supple and trachea midline. Thyroid nonpalpable without masses noted. No lymphadenopathy. Jugular venous pressure is less than 5 cm. Normal carotid upstroke, amplitude and contour bilaterally. No bruits or transmitted murmurs are noted.

SKIN: Pink, warm and dry - no diaphoresis or clamminess. No rashes noted.

CHEST: The chest is symmetrical with no chest wall abnormality. Normal respiratory effort noted.

CARDIAC: Irregular rate and rhythm with normal S1 and physiologically split S2. The PMI is not palpable not displaced. No palpable lifts, heaves or thrills are present. No gallops, murmurs, clicks or rubs are noted.

LUNGS: No use of accessory muscles or retractions. Lungs are clear to auscultation and percussion.

ABDOMEN: Abdomen is nontender, nondistended, soft without scars noted. No hepatosplenomegaly or masses palpable.

Bowel sounds normal. There are no aortic or renal bruits noted. The aortic pulsations are normal not felt.

EXTREMITIES: Extremities are warm without cyanosis, clubbing or edema. +2 peripheral pulses intact.

NEURO: Patient alert and oriented. Grossly nonfocal, appropriate mood and affect. Normal gait present.

Assessment:

Major Problem: Atrial Fibrillation - rate controlled

Major Problem: ASA therapy

Plan:

1. Discussed with patient the options for treatment for AFIB. Anticoagulation and cardioversion with antiarrhythmics vs ablation by Dr Winkle, vs do nothing. He is very unclear what he would like to do at this time. He will continue ASA on a daily basis.
2. I will discuss with Dr VonDollen regarding his thoughts about his options.
3. I will contact patient after speaking with Dr VonDollen

Patient Education: Indications, benefits and complications of anticoagulation were discussed. Well balanced diet, low salt, low fat. Stressed the importance of regular exercise. Please contact the office immediately if you need refills or difficulty receiving, paying for, or understanding the use of medications. dietary

Follow up: I will call patient

I spent 45 minutes with the patient; greater than 50% of the office visit was spent counseling and coordination of care.

SIGNED BY JESSICA MALONE (401) 11/30/2007 02:54PM
CO-SIGNED BY LAWRENCE VONDOLLEN (VON) 03/04/2008 09:57PM

Progress Notes

Page: 1

Date Printed: 03/24/08

ID: 555517837 SEX:M AGE:45

Name: Mccornack, Daniel

07/13/07 : 12:05pm

Office Visit

VON

Lawrence Von Dollen, M.D., F.A.C.C.
Coastal Cardiology
295 Posada Suite A
Templeton, CA 93465
(805) 434-2262 Fax (805) 434-2843

Referring Physician: Gordon Lemm, M.D.

Medical Assistant: P.Callison,RN

Patient Name: McCornack, Daniel E

Rx: DILACOR 300MG 1 qd
Rx: DILACOR XR 180MG 1 qhs
Rx: LANOXIN 0.25MG 1 bid
Rx: ALLOPURINOL 300MG 1 qd
Rx: ASPIRIN-COATED 325MG 1 qd
Rx: PREVACID 30MG 1 qd

Chief Complaint: Palpitations

Subjective: Mr. McCornack returns with motivation to try to restore sinus rhythm. He has address the issue with Dr. Winkle now that more progress has been made in treatment of atrial fibrillation with electrophysiologic techniques. He had night sweats and diaphoresis and has been worked up for lymphoma by Dr. Lemm and also was determined to have one of the HLA B-27 associated syndrome. He has also had the sensation of cold extremities under different circumstances. We do not have a good explanation for that. He notes that when he goes out doing active physical things with his friends, he is no longer able to keep up with them as easily as he has in the past.

Objective:

General Appearance: Alert, oriented X 3, well kept, conversant - with appropriate affect and mood - no major depression.

BP: 136/80, Pulse: 77

Height: 70", Weight: 224

HEENT : Grossly normal external eye and conjunctiva without xanthelasmata, exudate or hemorrhages. Mucous membranes are moist without injection or lesions.

Skin: Warm and dry - no diaphoresis or claminess.

Neck: JVP is normal at 4 cm H2O. Normal carotid upstroke amplitude and contour bilaterally.

Chest: Grossly normal external thorax without significant kyphoscoliosis.

Lungs: Clear to percussion and auscultation bilaterally.

Cardiac: PMI normally located without heaves, lifts or thrills. Normal S1 and S2 with physiologic splitting with respiration.

Extremities: No peripheral cyanosis, clubbing or edema.

Assessment: Generally stable cardiovascular status but NYHA Functional Class I-II with DOE and chronic atrial fibrillation with moderate ventricular response.

Major Problems: ATRIAL FIB

Hyperuricemia

HLA B-27

Plan: Before proceeding with electrophysiological evaluation with possible radiofrequency ablation in attempts to treat atrial fibrillation, we will try to convert from atrial fibrillation to sinus rhythm to see if symptomatically he is changed by

Printed using Practice Partner

Progress Notes

Page: 2

Date Printed: 03/24/08

Name: Mccornack, Daniel

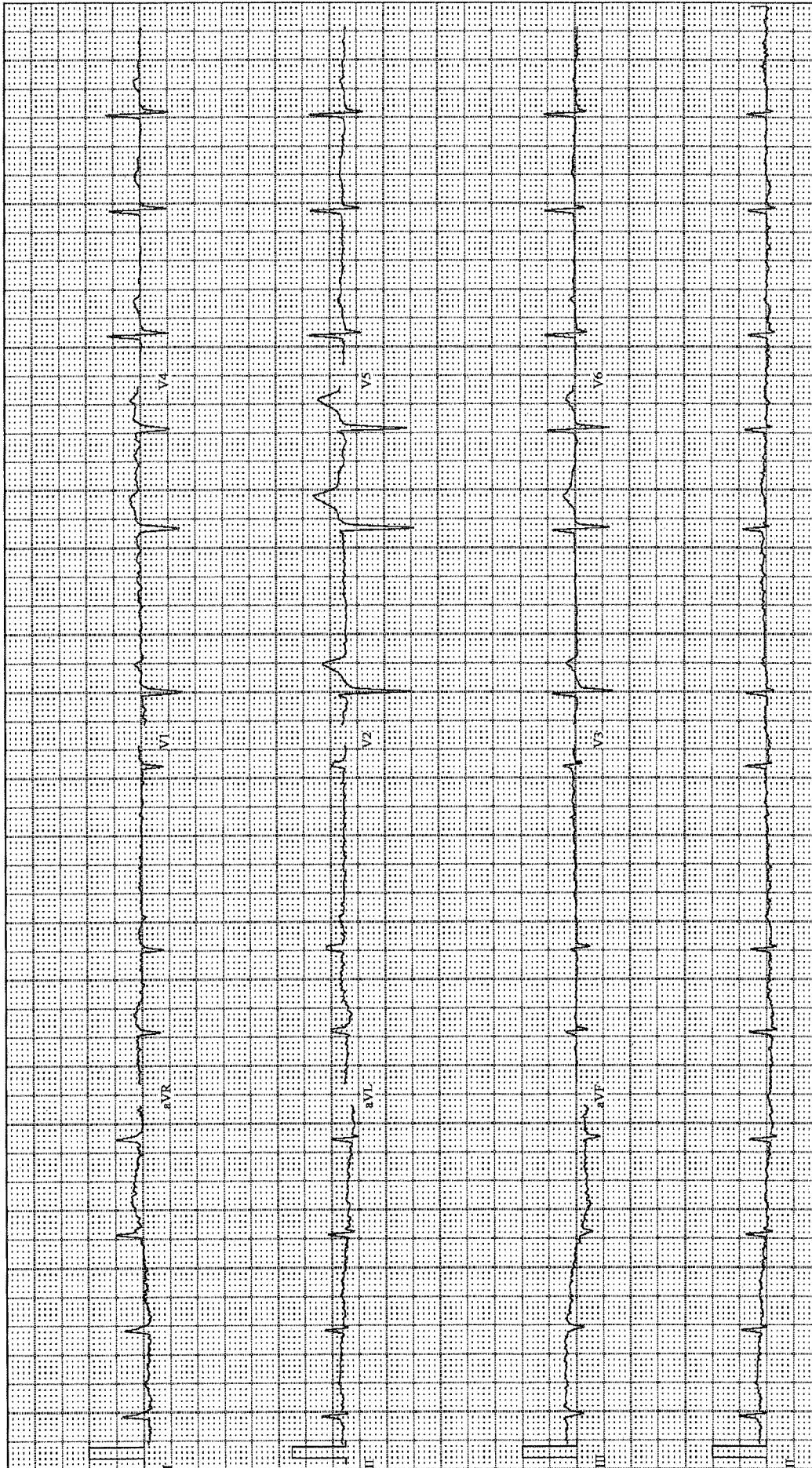
ID: 555517837 SEX:M AGE:45

restoration of sinus rhythm. Toward that end, we will initiate Coumadin anticoagulation and then proceed with cardioversion once he has had therapeutic INR for at least 3 weeks. He has been intolerant of amiodarone in the past, consider Rythmol, consider dofetilide if appropriate. He remains on Lanoxin and Dilacor. We will be in touch with Dr. Winkle with regard to his workup and care.

Lawrence Von Dollen, M.D./F.A.C.C./lt D: 08/06/07 T: 08/16/07

SIGNED BY LAWRENCE VONDOLLEN (VON) 08/16/2007 09:53AM

Name:	Daniel McCormack	Coastal Cardiology	Rate:	79	BPM
ID:	555517837	Req. Physician: Lawrence Von Dollen, M.D.	PR:	-	msec
Sex:	Male	Technician: Sakisha Alexander	QT/QTc:	324/358	msec
BP:		History: Medication:	QRSD:	88	msec
Weight:	lbs	Date of Report: 11/29/07	P Axis:	-	
Height:	inches	Reviewed By: Lawrence Von Dollen, M.D.	QRS Axis:	-11	
Age:	44	Review Date: 12/03/07	T Axis:	-1	
Comments:					



PLAINTIFFS' EXHIBITS 010345

Speed:25 mm/sec Gain:1.0 mm/mv MYO:ON AC:ON DRIFT:ON

Midmark Diagnostics Group

Page 1 of 1

ECG Analysis Ver: 6.3.0

Print Date 03/24/08 Version 6.3.0

Page 48 of 52 Print Date 11:13:13

AmbECG/Amb BP/Event Rec

Page: 1

Name: Mccornack, Daniel

Date Printed: 03/24/08

ID: 555517837 SEX:M AGE:45

06/12/01

COASTAL CARDIOLOGY NON-INVASIVE LABORATORY
AMBULATORY ECG INTERPRETATION
HOLTER : completed

Patient Name: MCCORNACK, DANIEL

Cardiologist: Lawrence Von Dollen, M.D.

Referring Physician: Gordon Lemm, M.D.

Technician: D. Houston

Date Received: 06/14/01

Date Scanned: 06/19/01

Clinical Complaint: Atrial Fibrillation

Medication: Lanoxin, Dilacor

Pacemaker: No

ECTOPIC SUMMARY:

The patient was monitored for a period of: 20 hours and 00 minutes

The total number of beats was: 118436

The average heart rate was: 105

The maximum heart rate was: 185

The minimum heart rate was: 71

Wide beats totaled: 19

Wide couplets totaled: 0

Wide runs totaled: 0

Pauses totaled: 0

Narrow runs totaled: 0

Isolated early narrow beats totaled: 0

ISCHEMIC SUMMARY:

ST segment depression: Maximum ST inaccurate due to artifact.

CONCLUSION: Chronic atrial fibrillation

Atrial fibrillation with slightly increased average ventricular response. No significant pauses or asystolic or tachycardic spells were noted. Symptoms of irregular rapid heart beat showed no basic change in the rate or rhythm.

SIGNED BY LAWRENCE VON DOLLEN, MD (VON) 07/05/01

Echo/CardiacMR

Page: 1

Date Printed: 03/24/08

ID: 555517837 SEX:M AGE:45

Name: Mccormack, Daniel

12/14/06 : 01:51pm

COASTAL CARDIOLOGY NON-INVASIVE LABORATORY

ECHOCARDIOGRAM REPORT

ECHO:completed

VON

Patient Name: MCCORNACK, DANIEL

Date of Birth: 02/15/63

Referring Physician: Gordon Lemm, M.D.

Cardiologist: Lawrence Von Dollen, M.D., F.A.C.C.

Technician: JKovacs, RVT

Ht: Wt: Tape: T110 Footage#: 8:00

Clinical Complaint:

Clinical Diagnosis: A-Fib

ECHOCARDIOGRAPHIC DATA-MEASUREMENTS

Left Atrium-End Systole (Normal 2.5-4.4 cm): 4.0

Right Ventricle-End Diastole (Normal <3.0 cm): 2.0

Aortic Root Diameter (Normal 2.0-4.0 cm): 3.2

Aortic Cusp Excursion (Normal 1.5-2.0 cm): 1.9

E-Point to Septal Separation (Normal <= 1.0 cm): .5

Interventricular Septum-End Diastole (Normal 0.3-0.8 cm): .9

Interventricular Septum-End Systole (Normal 0.6-1.6 cm): 1.3

Left Ventricular Posterior Wall-End Diastole (Normal 0.5-1.3 cm): .6

Left Ventricular Posterior Wall-End Systole (Normal 0.9-1.4 cm): .9

Left Ventricle-End Diastole (Normals <5.8 cm): 5.6 Left Ventricle-End Systole: 3.9

Left Ventricular Fractional Shortening (Normal >24%): 30

Left Ventricular Ejection Fraction (rest)(Normal >55%): 57

DOPPLER/COLOR MEASUREMENTS:

-Aortic Valve-

Left Ventricular Outflow Tract Velocity (V1): .71

Peak Aortic Velocity: 1.3

Left Ventricular Outflow Tract Diameter: 2.2

Aortic Valve Area: 3.0

Aortic Valve Gradient (peak): 6.8

Aortic Regurgitation Severity: None Seen

-Mitral Valve-

Peak Velocity (E)(Normal 0.6-1.0 m/s): .87

Deceleration Time (E-wave)(160-230msec): 250

Mitral Valve Area: 3.0

Mitral Valve Gradient (peak): 3.0

Mitral Regurgitation Severity: Trace

-Tricuspid Valve-

Right Atrial Pressure: 10

Tricuspid Regurgitation Severity: None Seen

-Pulmonic Valve-

Pulmonic Regurgitation Severity: None Seen

INTERPRETATION:

1. The right atrium, right ventricle, tricuspid and pulmonic valves are normal. The RVIDD is normal.

2. The left atrial size of 40mm is normal. There are no intracavitory masses or thrombi noted. The intra atrial septum is grossly normal without obvious defects, masses, or aneurism.

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Echo/CardiacMR

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ID: 555517837 SEX:M AGE:45

Name: Mccornack, Daniel

3. The mitral valve leaflets are normal without significant thickening, stenosis, prolapse, SAM, vegetations, or masses.
4. The left ventricular chamber size, wall thickness, wall motion and estimated ejection fraction of 75 % are normal.
5. The aortic root diameter is normal. The aortic valve is normal with three leaflets without significant thickening and with normal motion.
6. No significant pericardial effusion is noted.
7. There is no significant stenosis of the tricuspid, pulmonic, mitral, or aortic valves. There is no significant regurgitation of the tricuspid, pulmonic, mitral or aortic valves.

Clinically very mild mitral and tricuspid regurgitation are present.

CONCLUSION: Essentially normal M-Mode, two dimensional, and Doppler echocardiographic study.

SIGNED BY LAWRENCE VON DOLLEN (VON) 12/18/2006 08:04AM

Sheriff - Coroner
Santa Cruz CountyDEATH INVESTIGATION
WORKSHEET

CALL INFO	CALL DATE AND TIME 3/23/2008 2:43:00 AM	INVESTIGATOR Naomi Silva	CASE NUMBER 08-02797	
	REPORTED BY Dep Ryan	REPORTING AGENCY Santa Cruz Sheriff-Coroner	REFERENCE NUMBER	
DECEDENT	NAME OF DECEASED (LAST, FIRST MIDDLE) MCCORNACK Daniel Elwin		AKA	
	DATE AND TIME OF DEATH 3/23/2008 0:52	DATE OF BIRTH 02/15/1963	AGE 45 Years	
	GENDER Male			RACE Caucasian
	RESIDENCE (STREET, CITY, STATE, ZIP) 6255 Peachy Canyon Paso Robles, CA 93446			TELEPHONE NO.
	COUNTY San Luis Obisp	MARITAL STATUS Married	SOCIAL SECURITY NUMBER 555-51-7837	DRIVER'S LICENSE NO. AND STATE N9139437 CA
DEATH	LOCATION OF DEATH Private Camp Ground			AT RESIDENCE <input type="checkbox"/>
	ADDRESS (STREET, CITY, STATE, ZIP) 4770 Hwy 9 Felton, CA 95018		COUNTY Santa Cruz	
	<input type="checkbox"/> FOUND BY Medic 2	<input checked="" type="checkbox"/> PRONOUNCED BY AMR	DATE AND TIME 3/23/2008 0:52	
	LOCATION OF INCIDENT Smith Woods RV Park			AT WORK <input type="checkbox"/>
	ADDRESS (STREET, CITY, STATE, ZIP) 4770 Hwy 9 Felton, CA 95018			COUNTY Santa Cruz
INCIDENT	CIRCUMSTANCES OF DEATH Decedent, Daniel McCornack, is a 45 year old male who resides in Paso Robles. He was on Easter holiday with his immediate and extended family at Smith Woods RV Park in Felton. McCornack and his family arrived mid-day on today's date at the park. He and his family set up camp, had dinner and settled around the camp fire. According to his wife, Kathy McCornack, he had a full day, but never complained of being in any discomfort or pain. She informed me that he has had an irregular heart beat for many years and is on heart medication. She did not have the prescription bottles with her but provided me with his weekly pill/vitamin organizer. At approximately 2200 hrs he and his wife went to bed. Kathy said that they were woken at 2030 hrs by their two teen-age sons, when they came in from the camp fire. Kathy said that at approximately 0030 hrs she heard her husband making a strange noise in bed. She shook him and told him he was snoring. The noise continued so she turned the light on and noticed his face discolored. She woke her sons and called "911". She said that she attempted CPR, but described only pressing on his chest. Fire arrived and attempted to revive him without success. He was pronounced dead at 0052 hrs.			
	NAME OF PERSON NOTIFIED Kathy McCornack		RELATIONSHIP Wife	NOTIFIED BY
	ADDRESS (STREET, CITY, STATE, ZIP) 6255 Peachy Canyon Paso Robles, CA 93446			DATE AND TIME
				TELEPHONE NO. 8052385208
	NOTIFICATION		TRANSPORTED TO MORGUE BY Kuehl-Nicolay Funeral	
DISP	FUNERAL HOME Kuehl-Nicolay Funeral and Cremation		PROPERTY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
			AUTOPSY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	